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The Canadian Medical Review

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Original Communications.

Diphtheria and its Treatment.*

BY DR. C. R. CHARTERIS, CHATHAM.

MR. PRESIDENT AND GENTLEMEN,—In bringing the subject of diphtheria and its treatment before you it is not with the object of advancing any new theories, but to elicit a discussion upon its treatment particularly by antitoxine, that we may obtain the views of the profession as to the value of this remedy in the treatment of diphtheria. Diphtheria, as we know, is a local specific disease, due to the presence and action of bacilli, characterized by a deposit of pseudo membrane at the site of infection, and accompanied by constitutional and nervous disturbances due to the absorption into the system of the toxalbumen produced by these bacilli. Diphtheria may fairly be set down as arising mainly from bad drainage and imperfect ventilation, such as we have in overcrowded tenement houses. The first symptom complained of is sore throat, when upon examination we find the fauces very much swollen and congested, and on

* Read at meeting of Ontario Medical Association.

the tonsils and soft palate we find patches of a greyish colored pseudo membrane and externally the submaxillary glands are felt to be hard and swollen. Then we have chills and fever accompanying. The temperature may be high, reaching 105°, or it may be only 99°, and in some cases it may even be subnormal. These latter, though, are rare. Accompanying this we have also quickened respiration and rapid pulse. A characteristic odor is also spoken of by some writers, but I have never detected it. With the membrane extending up into the soft palate, and the symptoms previously mentioned, we need have no hesitation in pronouncing the case diphtheria. To treat diphtheria successfully we must decide whether it is primarily a local or primarily a constitutional disease. I believe it to be primarily local. Holding this view I proceed, after having first had my patient put to bed (and the recumbent posture should always be maintained throughout the attack) and isolated so far as is possible, to treat it first by local applications in order to destroy the bacilli at the site of infection. This may be done by means of astringent and antiseptic solutions, used as gargles, spray or swab, as the case may require. A gargle I have found very useful composed of tinct. ferri mur., potas. chlor., glycerine and water. To be used every two hours. Or zinci sulph. may be substituted for the potas. chlor., or a wad of listerine and carbolic acid may be used, or the throat sprayed with peroxide of hydrogen solution. Internally, quinine in fair-sized doses, either in mixture or capsule, and if the heart shows signs of weakness I give stimulants and strychnia in small doses. I also give calomel in small doses, frequently repeated, until free catharsis results. Mercurial inhalations may be used with good results. This may be done by arranging a wire over an ordinary lamp and placing thereon a tin box lid with ℈ss. or ℈i. of calomel under an umbrella, over which and the patient a sheet is spread, and the patient allowed to inhale the vapor for ten or fifteen minutes, repeated every three or four hours.

Now, as to antitoxine. We have had this remedy before us since 1890, when Behring told us of its effects in rendering animals immune in diphtheria. He described his experiments with guinea-pigs, in a paper read in 1891 before the International Congress of Hygiene at London. Commencing with guinea-pigs, Werniche then secured immunity in sheep and Aronson in dogs. Then oxen were tried, but with unsatisfactory results. Then, in order to secure larger quantities of serum, it was tried on horses, and finding that immunity could be transferred they were adopted, and are at present utilized. There are several preparations of this solution in the market, but in Berlin, from whence we get most of our reports, Behring's and

Aronson's are the most favored, more particularly Aronson's. Statistics given by Prof. Bajinsky, of the Children's Hospital for Infectious Diseases, Berlin, show that in three years, from 1890 to 1893, out of 1,081 cases treated, there were 421 deaths, or a mortality of 38.9 per cent. From June 1st to March 14th, 1894, there were 86 cases treated, with 38 deaths, or a mortality of 41.8 per cent.; this with Behring's solution. Then, on March 14th, 1894, Aronson's solution was first tried, and until June 20th there were 128 cases treated, with 17 deaths, or a mortality of 13.2 per cent. Bajinsky says: "We have never had such a low mortality with our mildest epidemics and our best treatment." Dr. Louis Fischer, of New York, reports the use of antitoxine in 34 cases—30 of which were malignant and 4 were mild cases—32 of which recovered, with only 2 deaths, or a mortality of only 5.5 per cent. With such favorable reports, gentlemen, it appears to me we should give this remedy every attention that it apparently merits. I do not think it should not be used indiscriminately in every case, but only those malignant cases should be selected when we have the larynx involved and the patient in every way in a bad condition, and it is from such cases as these that we have the true value of any remedy.

I have used this remedy myself in a few cases with very gratifying results, finding in very serious conditions, where the patient was very weak with distressed breathing and rapid, thready pulse, and every symptom that unless something were speedily done beside the usual treatment the patient must inevitably succumb, with this remedy in twelve hours after its first introduction into the system by injection the pulse became stronger, the breathing easier and the membranes showing a decided change, appearing to be softened and to lose its glistening appearance and to be loosened around the edges; and in from forty to sixty hours after, with the injection repeated in twelve or twenty hours, the membrane to have entirely disappeared and the patient rapidly becoming stronger. The administration of the remedy is very easy. Having procured a syringe especially constructed for the purpose and had it thoroughly sterilized, and the spot selected for the injection washed with an antiseptic solution, the needle, after the syringe has been filled with the solution, is inserted under the skin well into the cellular tissue, and the piston depressed until half or a little over half of the liquid is injected, then it is withdrawn and the syringe inverted with a cap placed over the needle and put in a cool place, ready for the second injection, which may be given in from twelve to twenty hours after the first. Gentle massage may be used to disperse the fluid, but this is not necessary. The site chosen for the

introduction of the solution may be either the iliac or the gluteal region. I prefer the latter, as sometimes some slight disturbances arise, such as pain, swelling and tenderness, which are better borne in the gluteal region. These usually subside on the application of warmth or some sedative lotion. Should we not be satisfied with two injections of the solution, a third or even a fourth injection may be used. Tonics and nourishing diet should form a very important part in the treatment of diphtheria, and in these cases careful attention should always be paid to the kidneys, and frequent examinations of the urine should be made in order, if possible, to guard against albuminuria. An antiseptic solution should be kept steaming in the room all the time. For the swelling of the submaxillary glands, hot poultices of linseed meal may be used with benefit. After recovery the child should not be allowed to attend school or mingle with other children for at least a month. I have not nor is it my intention to touch upon the preventive treatment of diphtheria, as time would not permit, and it might, I think, form the subject of a future paper.

The Treatment of Eclampsia, based upon the Study of One Hundred and Twenty-nine Cases.—Zweifel (*Centralblatt für Gynäkologie*, 1895), reports his very interesting results from his study of 129 cases of eclampsia in his clinic at Leipzig. He analyzes his cases with regard to the number and duration of the paroxysms and the degree of unconsciousness present, with reference also to the period of pregnancy at which the attack occurs, and whether eclampsia develops before labor or at the beginning of or during parturition. He has also investigated the quantity of urine, the quantity of albumen, and whether blood was present in the urine. He further has observed the quality of the pulse, its frequency and increased or diminished tension, and the temperature during the attack and during the puerperal period. He describes his former view as regards treatment, which was that shared by many,—namely, that instrumental delivery should be avoided if possible, because, in spite of narcosis, the irritation occasioned by such delivery increased the number of paroxysms. He contrasts his results in former years, when his patients were treated by the expectant method, with those obtained by rapid delivery, and finds that under the former his mortality-rate was 32 per cent., while with more active measures he has reduced the mortality to 15 per cent. He prefers chloroform as an anesthetic agent in the treatment of these cases.—*University Medical Magazine.*

Society Reports.

The Ontario Medical Association.

For the first time in some years the Ontario Medical Association was held outside of Toronto. Dr. F. Le M. Grasett, of Toronto, presided over the Windsor meeting in an able manner.

The Treatment of Puerperal Sepsis.—Dr. Machell, of Toronto, read a paper on this subject. He thought that the subject was a most opportune one, as the mortality was still very large in general practice. After referring to the records of deaths per population in Toronto, Hamilton, Ottawa, London, and York County, and stating that mild sepsis was often passed over under a different name, the doctor gave his attention to the prophylaxis of the disease. He took as his motto, "No bacteria—no infection, no putrefaction, no suppuration."

The patient's surroundings should be clean to a nicety, and the room selected for accouchement should be large, cheerful and well ventilated. The doctor dwelt at length on the absolute necessity of the physician's hands and nails being thoroughly aseptic, and deplored the habit of careless washing of the hands, which should be well washed in hot water and soap first, and then held for some minutes in the antiseptic solution. He said that as few vaginal examinations should be made as possible.

The essayist spoke with force in the matter of insisting on cleanliness in all particulars, which, he said, was antagonistic to the chance of sepsis. As to diagnosis, he said that a post-partum rise of temperature should always be carefully investigated. It might be due to (1) constipation, (2) mammary disturbances (3) inter-current non-obstetric disease or (4) sepsis.

The doctor then stated that if the attending physician could find no cause to suspect the presence of any of the first three of these, he may rest assured that he has a case of mild sepsis on his hands, and must act accordingly.

The doctor then gave a careful study of the means by which the seat of the sepsis should be investigated. He continued by giving the mode of treatment which should be followed where individual parts were alone affected, and where there was a general sepsis. He spoke at length of the various aseptic douches, curettes, etc., which should be used, and the method thereof. He spoke also of the various degrees of severity in which the disease is to be found, and of the heavy responsibility which the practitioner is sure to encounter.

In conclusion the doctor briefly described the medicinal treatment, and gave an interesting selection of literature on the subject.

Dr. ALBERT A. MACDONALD agreed in the main with the essayist. In doing irrigation he preferred to use a speculum. He mentioned that sepsis might exist without elevation of temperature. He cautioned members not to be too ready to blame themselves where sepsis occurs, pointing out that there are sources of infection quite beyond the control of the medical attendant. He laid special stress on the necessity of closing any tear in the parturient canal at once.

Dr. HUMMISON called attention to cases where pre-existent pelvic disease, latent until parturition, was renewed by the trauma of labor, producing a condition of puerperal sepsis. In such cases, of course, the accoucheur was wholly free from blame. He related a case recently tried in court, where the medical attendant was mulcted for damages for bad results accruing from a laceration which was not attended to at the time of labor. So it behooved the accoucheur to be on the lookout for tears, and to repair them. He believed it was possible and proper to repair the cervix at once where it was much torn. In those cases where absorption had taken place through the lymphatics, where there was a pronounced chill and high fever, the patient being apparently not ill, where there was no distension of the abdomen, where the tongue is moist—such were the alarming cases, and if not promptly and thoroughly treated, would die. As to treatment, he concurred with the essayist.

Tongue-like Accessory Lobes of the Liver.—A paper with this title was read by Dr. A. MCPHEDRAN, of Toronto.

The Rational Treatment of Typhoid Fever.—A paper with this title was read by Dr. J. P. ARMOUR. (It will appear in the REVIEW.)

President's Address.—The President, Dr. F. Le M. GRASETT, then delivered his address.

The Operative Treatment of Mammary Carcinoma.—A paper thus entitled was read by Dr. WM. BURT, of Paris. He was pleased to say that a goodly percentage of cases of mammary carcinoma were curable if operated upon properly and in time. The best results followed the "wide operation." Every case should be diagnosed early when positively made out as malignant. The rule, "after 32 or 35 remove everything" was neither logical nor surgical. Under no circumstances should a benign growth be submitted to the wide operation. The operation *furor* in breast amputations needed a healthy opposition. It was pretty well agreed that the disease tissues should not be cut into but surrounded. The essayist presented two specimens that had been

thus removed *en masse*. The fact that our best surgeons were now doing the wide operation without a protest from the pathologist was a sufficient guarantee that the latter had nothing specially to offer against the aims of those who look upon cancer as a local disease to a very great extent. For the method of doing the "wide" operation as performed by Halsted and Meyer he referred the hearers to their respective articles in the *Annals of Surgery* and *Medical Record*. In one of his (the reader's) cases, one of the glands was so adherent to the axillary vein that, in cleaning it off, a small branch was torn off at its junction with the vein. A small silk ligature around the hole was sufficient. In the second case the whole of the axillary vein for a distance of two inches was involved in the mass. This was removed and the vein tied above and below, collateral circulation was established and there was no subsequent œdema. His experience was that it was difficult to clean out the axilla without removing the pectorals or laying open the anterior wall, whether the glands were enlarged or not. The essayist then discussed, comparatively, the features of the operation, as done by modern operators.

Dr. A. B. Welford called attention to the disproportion in comparing the successful operations for mammary carcinoma with the percentage of cures. This low percentage he attributed to the lateness of operation owing to the backwardness of the patient, and, secondly, to the lack of thoroughness of the operation. His best successes had followed a very thorough removal of all breast tissue, the pectorals, the anterior intercostals, the axillary glands and fat. Of twelve cases, he had to report six recoveries and six deaths from recurrence. The speaker referred to several of these cases, pointing out some of the more important features of them.

Dr. G. T. McKeough, of Chatham, said the old plan of partial removal had done a great deal to produce a want of confidence in surgical skill. While pain was relieved and the anxiety of the patient quieted with false hopes for a short time, a cure was rarely ever hoped for by the surgeon. Billroth's eight cures in 143 cases, published in 1878, were the best given up to that time. How vastly different now! Surgeons, in giving their statistics, have unanimously adopted the three year limit—they record as cures those cases which after the expiration of three years show perfect health and no sign of any local recurrence. The speaker then quoted the statistics of Bull, Cheyne and Halsted, all of which went to prove that cancer of the breast was curable if operated on in time and the wide method employed. He detailed the method of preparing the patient, making incisions and dissections, dressing and subsequent treatment.

Dr. A. PRIMROSE, of Toronto, in a few pointed and well chosen words, discussed the paper, reminding the essayist that to Watson Cheyne is due a good deal of the credit of the "wide operation," and of the best statistics as yet before the public.

The Preservation of the Perineum.—This subject was discussed by Dr. C. B. Oliver. He believed that the precaution of preserving the perineum was one of great importance, and one often not duly observed. It was much better to save a perineum than to mend a lacerated one. To limit the field of gynæcology was a legitimate one, and should be the aim of every conscientious accoucheur. His success in saving the perineum had been marked by attention to the following points : If a rigid perineum offers resistance to the progress of labor, efforts should be directed to securing full expansion. This was done by stretching the perineum with two fingers of the right hand during the pains. When the head begins to distend the vulva, two fingers should be introduced behind the occiput, and this part of the head brought well down under the pubic arch. Then, between pains, the head should be delivered, the second finger of the right hand being introduced into the rectum beyond the child's chin, the disengaged left being used to press the perineal tissues from each side toward the median line. If the patient is cautioned not to bear down, the head may be brought into the world at the will of the operator.

The Treatment of Neurasthenia.—Dr. E. E. HARVEY, of Norwich, read a paper on this subject. He dealt at some length on the treatment of the mental state in the disease, which, he said, was of first importance. He described the excessive low spirits, depression, the want of fitness for exertion of any kind, physical or mental, the extreme exhaustion in severe cases, and the imaginative magnification of minor troubles. The patient, the doctor said, would shed tears without adequate reason, and often weep for hours in secret. There are often short terms of cheerfulness, but melancholy, and often pronounced melancholia, is present in most cases. Dr. Harvey laid great stress upon his advice to the practitioner to induce an opposite mental state. Sympathy and an assurance of improvement in condition give encouragement to the patient.

The doctor strongly advised the careful selection of a nurse, one of tactful, gentle, and sympathetic nature. He said that great patience was needed both on the part of the physician and nurse. The essayist dwelt on the fact that a neurasthenic patient is particularly open to suggestion, and that the medical man can take advantage of that peculiarity. His suggestions should be of a cheering nature, never fostering any morbid ideas, but keeping the patient's mind fixed, as

much as possible, on a bright future. In fact, the doctor explained, the physician's course of action should be to force, by daily conversation, the patient's mind into altogether different and healthier lines of thought. He said that, of course, the patient's environment should be carefully considered, the exciting cause of the disease being removed if possible.

The doctor said that medical men "Get far too much into the habit of putting the results of their knowledge into bottles and pill-boxes." He advocated as treatment "rest cure," modified to suit circumstances, and deplored the use of potent drugs to obtain rest or cure insomnia, the latter being a common symptom of neurasthenia. Neurasthenics, he said, were in a ripe condition to become drug fiends, and, unhappily, they only too often end in that state. He advocated nutritive diet, stimulants if necessary, and he said he was strongly in favor of the galvanic current constantly and systematically applied.

The doctor explained that the individual symptoms must be treated as they occur, for instance the anæmia, if present, should be treated with iron when the stomach was in condition to receive it ; for insomnia he advocates either bromide of potash and hyoscyamus, or sulfonal.

In conclusion, Dr. Harvey said, "The physician may find that his resources will be taxed to the utmost, but, in due time, he will reap, if he faint not."

Bronchopneumonia in Children.—Dr. A. E. Harvey, of Wyoming, read a paper on this subject. After stating that bronchopneumonia is an essentially different disease from the croupous pneumonia in adults, he described the pathological state of the minute bronchi, the bronchi proper and the blood vessels invested by the disease. As to cause, he said it was either primary or predisposing, or secondary, or exciting. He mentioned the predisposing causes, such as bad sanitation, damp, vitiated atmosphere, etc., and the many diseases whose effect is especially marked on the mucous membranes. Among the exciting causes were chills, draughts, inhalation of foreign material, etc.

With regard to symptoms the doctor said that, of course, they would be mainly febrile in the earlier stages of the disease, with physical symptoms of bronchitis, and later those of pulmonary collapse and purulent sputum. He dealt briefly with the termination of the disease, and stated that as far as treatment was concerned the object should be three-fold: (1) To equalize the temperature ; (2) Liquefy the exudate and assist in throwing it off; (3) To keep up the system until the first two objects are attained.

After advising that the patient should be kept in a steam-moistened room he gave an excellent system of treatment, the salient points of which are these: The bowels should be constantly relaxed, preferably with mercury; emetics should be given when the child becomes cyanosed; stimulants should be administered all through the disease; expectorants when the sputum becomes tenacious, and he advocates the use of nervous stimulants to regulate the heart's action.

Dr. Harvey then concluded by general directions as to diet.

Diphtheria.—Dr. C. R. CHARTERIS, Chatham, read a paper on this subject. (See page 1.)

Roentgen Photography.—Dr. E. E. KING gave a demonstration of the Roentgen photography. He presented the various electrical and other apparati necessary to produce the rays, and explained the use of each. Excellent photographs he had taken were shown, and the skiagraph of a hand was taken during the seance. He called attention to the value of the rays in the diagnosis of foreign bodies, in the detection of ununited fracture, and the discovery of the age of the fœtus.

Dr. Hewitt's Apparatus for Administering Ether and Nitrous Oxide Gas was exhibited by Dr. H. C. SCADDING, Toronto. He said we were indebted to Clover for the valuable suggestion that N_2O should be used for inducing anæsthesia preliminary to and in conjunction with ether. N_2O possessed the qualities in which ether was deficient. It rapidly produced unconsciousness, was attended with no struggling or excitement, was not unpleasant to inhale, and was a safe anæsthetic. These advantages had been clearly set forth by Dr. Hewitt in his work on anæsthetics.

The combination was of immense advantage to the anæsthetist and surgeon, besides being a great boon to the patient, who was rendered quickly unconscious, and spared the suffocative sensation of ether.

The special form of stop-cock invented by Dr. Hewitt permitted at one time the breathing of air through valves, at another the breathing of N_2O through valves, and at another the to and fro breathing of air, ether and nitrous oxide gas. A full description of and method of using the instrument was given.

Dr. Hewitt's apparatus for the administration of nitrous oxide gas and oxygen was also exhibited. This combination was the safest anæsthetic known. It was a matter of regret that such a valuable agent as N_2O was relegated to the sole domain of the dental surgeon. There were many operations performed under chloroform with some risk to life which might readily be performed under the combination of N_2O and oxygen with no risk.

When properly anæsthetized with this combination the patient presented no cyanosis of face, there was absence of jactitation, and the respiration and circulation were not embarrassed.

A short history of the use of these combined agents to produce anæsthesia was given, and Dr. Hewitt's clever instrument fully explained.

Some Cases in Surgery.—Dr. T. K. HOLMES reported three surgical cases. The first patient was a man aged forty-four, who for some years suffered from pain in the right hypochondrium, dyspepsia, and had become greatly emaciated. He was in great fear of impending death. Examination of the abdomen revealed an enlarged movable right kidney. Nephrorrhaphy was resorted to. The usual lumbar incision was made, exposing the kidney. The capsule was stripped back about an inch wide to secure a fresh surface. Three silk sutures were passed through the muscles and fascia of the denuded kidney and through the fascia and muscles of the opposite side. The symptoms gradually disappeared. The patient regained his former weight. Opinion was divided as to the propriety of operation in these cases, but where symptoms were so distressing it was surely justifiable. Often failure resulted from the insecure anchoring of the kidney.

The second case was the report of the removal of a renal tumor by an anterior operation, the kidney itself being involved. The ureter and renal vessels were tied separately. An uneventful recovery followed.

The third case was a pelvic tumor in a young woman aged thirty, slightly movable but firmly connected with the uterus. Abdominal hysterectomy was performed in this case.

The Differential Diagnosis of Typhoid Fever was the title of a paper by G. R. CRUICKSHANK, of Windsor. Next to phthisis the essayist said that no disease is so often under consideration in Ontario, and, excepting diphtheria, probably no other receives so much scientific attention as typhoid fever. He would apologize for taking up the attention of the Association with something which was not new. Not long ago a mortality of 17 per cent. was considered a good result, but Brand's revival of the cold water cure reduced this one-half, while Dr. Thistle, of Toronto, by the elaboration of another plan, claims to have reduced the death rate much more. A Dr. Woodbridge modified this same plan into a specific, and claims to show that the mortality is less than one per cent., producing in evidence a list of cases. Reputable physicians, however, reply that the majority of such cases were not typhoid at all. But the sincerity of either side cannot be

doubted, so the diagnosis of typhoid fever becomes a matter of a good deal of concern to some of us. The doctor then referred to the "peculiar opportunity" Windsor had of studying the disease lately, and detailed the recent pollution of the water supply by the manure from the cattle barns. The relative positions of the Walkerville sewer outlets and the Windsor water intake were described. Under ordinary circumstances it is almost impossible for the small outflow of sewage to get out fifty feet on such a river, but to get out two hundred feet in a current of three or four miles an hour, with the intake forty feet down, must no doubt be a rare occurrence. Eight days after the pollution of the water supply by the opening of the shore intake, took place a remarkable outbreak of fever, and the diagnosis of this was his text. There was some difference of opinion as to the nature of this fever among the local physicians. He would say nothing of typhoid arising out of a great variety of other diseases, where there is no dispute; the real difference of opinion begins with mild and abortive fevers. One says typhoid; another says only malarial, bilious or continued fever, or something else. It may be that the difference in death rate is not caused so much by difference in treatment as in difference of diagnosis. It would seem easy to-day, with the microscope, to decide as between typhoid and malaria. In Windsor for a number of years there has been no case of intermittent fever, and therefore no continued malarial fever. A malarial patient may, of course, contract typhoid, but this would not lessen the virulence of the typhoid. A mild fever could hardly be typho-malarial, and typho-malaria could not occur where there was no other evidence of malaria. The doctor's reasoning, of course, led up to the conclusion that the late outbreak was of necessity typhoid, of a mild character generally, but still the true typhoid. Troubles began, he said, when it was attempted to distinguish a mild case of typhoid from one of simple gastric fever. During the outbreak there were over 150 cases, some lasting one day and some two months. Of these, he had thirty-four in his own practice. The doctor then went into a minute description of several cases from attack to convalesence. Some held that typhoid never aborts, but while he did not claim that typhoid can be aborted or that he could do so, typhoid certainly does abort. The doctor went on to show that in the recognition of typhoid no one symptom was essential nor can any two or three be mentioned which may not be irregular or absent in undoubted cases of typhoid; and on the other hand, there is not one of the usual symptoms which may not be present in other diseases. Cases were quoted in support of this position. Osler says the death rate is 7½ per cent., and the essayist seemed disposed to

pin his faith to this figure. In conclusion, the doctor said that to distinguish gastro-intestinal fever from typhoid was often impossible. A mild case of continued fever might be diagnosed typhoid, and a fatal one gastro-intestinal. In prevalence of typhoid we should presume that mild cases are typhoid. The death rate of any hospital is not a criterion for private practice. He emphatically disputed the statement made by a speaker of the previous day that a case which did not run twenty days was not typhoid at all.

Dr. GEIKIE, of Toronto, opened the discussion on the treatment of phthisis.

The Treatment of Phthisis.—Dr. HODGE, of London, read a paper on this subject. The essayist held that, although the percentage of curable cases of phthisis was small, yet it was sufficiently large to encourage active and intelligent treatment. He quoted from Burney Yeo, who had said that to effect a cure, certain conditions of cure must exist. These were: First, to detect the disease in the germinating stage—when anæmia, debility, slight cough and quickened respirations were the symptoms; for bacilli could not be found until a cavity communicated with a bronchus. Early hæmorrhage, inasmuch as it directed attention to the lung, was not an unqualified evil. The fibrous was more favorable than the caseous form. Individuals with unstable vascular systems which offered the minimum amount of tissue resistance were unfavorable subjects. Absence of hereditary taint was favorable. The introduction of a small number of bacilli or of bacilli of a mitigated degree of virulence increased the chances of recovery. Where the germs gain entrance by the respired air, they are more easily combatted than when inoculation occurs through the blood or lymph channels. The paper then dealt with the questions, how can nutrition be best promoted, and how can we best overcome the virulence of the bacilli. The first, the essayist maintained, was secured by encouraging patients to eat plentifully of the fats and proteids, diminishing the carbohydrates. "Forced feeding" should not be attempted unless the stomach was in a condition to digest the food. Each case should be carefully studied, The pernicious habit of allowing patients able to take an ordinary meal to eat between meals should be discountenanced. If alcohol was indicated it should be taken with meals. The essayist then discussed the great importance of good sanitation in dealing with these cases, under the heads of climate, exercise, bathing, clothing. The paper went on: medicinal treatment should be resorted to (1) to improve the nutrition of the patient, (2) to influence the virulence of the bacilli, and (3) to relieve special symptoms.

Below is an extract of the paragraph on creasote :

Creasote has been used both by inhalation and also by the mouth. The method by inhalation for the purpose of destroying the life of the bacillus is now obsolete. If when used in this way it exercises any influence whatever, it is by relieving the bronchial secretion. Dr. Fyffe, of Victoria Park Hospital, London, has shown by infecting the sputum of patients into guinea pigs, before and after the inhalation of creasote, that it exercises no influence whatever on the virulence of the bacillus.

Creasote when taken by the mouth appears to exercise a very beneficial influence. Dr. Fyffe made experiments with the sputum of patients taking creasote by the mouth and showed that the bacillus become less virulent under its influence ; the larger the dose the less virulent the bacillus. He gave from two to twelve minims three times a day.

Dr. Douglas Powell says, "In cases of acute phthisis, when the acute phase has passed, in cases also of more advanced disease when the period of hectic has either passed or has much lessened in activity, preparations of creasote and its congeners, especially guaiacol, are of distinct value."

Dr. Semon, of St. Thomas Hospital, says, "That the constitutional treatment by large doses of creasote cannot claim in any way, so far as my experience is concerned, to be looked upon as a true specific against tuberculosis, but it can be positively stated from a large experience, both in hospital and even more in private practice, in which the patients more strictly attend to their health, that as a symptomatic treatment it excels, at present, every other form known. The patients gain in weight, their appetites improve, the night sweats diminish, the expectoration becomes less purulent, and in a good many cases, especially if not coming under observation at too late a period, the disease actually appears to become arrested. It is absolutely necessary first, that the creasote preparation should be perfectly pure ; and secondly, that the capsules or pills be taken immediately after meals.

The Absorbable Ligature in Abdominal Surgery.—Dr. M. V. Mann read a paper on this subject. He said while there had been various methods used in the past in the treatment of the pedicle, at present all abdominal surgeons used the ligature. Mr. Lawson Tait, however, had attempted to revive the method used by Keith—cauterization of the pedicle. Mr. Tait's objections to the ligature were that he believed that it led to the formation of broad-ligament hæmatocele, and that in three or four per cent. of cases, the stump and ligature appeared to

get the better of the long tissue around, so that the tissues would not absorb them, leading to suppuration and the formation of sinuses which would not heal. These arguments led the essayist to give up the silk ligature and use the catgut. His argument in favor of these ligatures were that they did away entirely with some of the danger following an infection, because they softened, liquefied and disappeared. Under careful bacteriological examination he had found the material perfectly sterile. The sterilization was done under his own supervision, either by the dry method, boiling in kumoll, placing in solutions of sublimate of ether, or soaking in formaline solution. If it is desired to have catgut last longer than it usually does, it may be hardened by the bichromate of potash. To avoid slipping, the catgut should not be placed in water unless prepared by the kumoll or formaline processes. If used dry, directly from the alcohol, the tendency to slip can be overcome by tension upon the strands while the second knot is being made, or by putting one strand through the second loop twice. Since 1885 he had opened the abdomen a thousand times, and had, he supposed, left an average of three pieces of catgut—a low estimate—within each abdomen. He had never seen an accident in all these cases attributable to the use of cat gut.

Brachycardia.—Dr. P. DEWAR, of Essex, reported two cases of slow pulse, exhibiting the patients.

Case 1. Mr. Taylor, aged 63. Habits—Active, physically and mentally. Family history good. Past history excellent. Previous sickness, malaria five years ago, and acute rheumatism fourteen years ago. From both of these he made apparently good recoveries. Habits temperate. Was called to see him for his present disorder over two years ago. Condition pale and haggard looking. Respirations sighing, digestion faulty. All the other organs with the exception of the heart normal. Heart-beat strong and regular. Pulse 22. Not accelerated by change of position or on exercise. Not easily compressed. Advised quiet, regulated diet. Gave digestives, thinking the condition of the pulse functional, and probably due to flatulent dyspepsia. Next day pulse 20; other conditions the same. Pulse had fallen to 18. Had in consultation Dr. Inglis, who regarded the trouble as probably due to some central lesion. Next day the pulse fell to 16 and remained that way for one hour, although we used every form of heart stimulant. For two months the condition remained much the same. The pulse sometimes ran up to 36, and frequently fell to 20. At the end of that time he had distinct attacks of petit mal, and twice convulsive seizures. In these he bit the tongue. During the last year the pulse has become rapid, weak and

irregular. The heart is dilated, and the patient presents many of the symptoms belonging to epilepsy, notably enfeebled memory.

The second case first came to him some months ago, stating that he felt well in every way, but consulted the Dr. because his friends were alarmed at attacks of loss of consciousness which he suffered from at intervals. When examined the Dr. found a fairly healthy, strong and active man with no other disorder apparent except that the pulse beats were irregular and running about 25 to the minute. Since then there had been little change in his condition, except that under the use of bromides the attacks, probably epileptic, had become rare. Query—What was the connection, if any, between these cases of slow pulse and epilepsy?

Occipito Posterior Position was the subject of a paper read by Dr. ALBERT A. MACDONALD, of Toronto. He opened his paper by quoting from various authors, some of whom hold the opinion that this position is an uncommon one, and, if left to nature, will usually be righted; while others hold that it is a common position, that many of such positions are corrected with great difficulty and are fraught with great danger both to the mother and the child. The essayist held that the condition was often not diagnosed, for the diagnosis was not easy. To fully establish the diagnosis in some suspected case it was necessary to fully anæsthetize the patient and introduce the hand inside the cervix. And this was the greater part of the treatment; for it was a comparatively easy matter then to turn the occiput (and the body as well, the outside hand assisting) into an O. L. A. or an O. R. A. This being done, the rest of the labor was rapid and easy. The essayist gave the history of four cases occurring in his private practice this year in which he had followed the above procedure with most gratifying results. The bibliography of the subject was fully dealt with.

Amputation at the Hip-joint for Advanced Tuberculous Disease.—Dr. A. PRIMROSE, of Toronto, contributed a valuable paper on this subject.

Hæmoptysis.—A paper on this subject was then read by title, being written by Dr. J. M. COTTON, of Lambton Mills. He began by asserting that hæmoptysis was not a disease in itself, but a pathological condition existing in or adjacent to the air passages, and one giving both patient and friends an impression of impending great trouble. He gave the causes having regard to the pathology of hæmoptysis, which should be divided into three sections, viz.: (1) Hæmorrhage from the pulmonary artery or its radicles. (2) Hæmorrhage from the bronchial capillaries. (3) Hæmorrhage from the aorta, or one of its great branches. The doctor then stated that the natural history of

hæmoptysis was practically that of phthisis, and that among the ancients it was believed to be the cause, and not the effect, of that disease. He gave the history of five cases, one of which was that of a young woman of twenty-nine, with a paternal and maternal history tendency to pulmonary trouble. The points of interest in the case were, first, the number of severe attacks and the great amount of blood lost; second, the manner in which the lung cleared up subsequent to each attack; third, the absence of the physical signs of phthisis; and, fourth, the sudden termination of the last severe hæmorrhage, with subsequent disappearance of the disease. The doctor gave it as his opinion that the reason there was not more hæmorrhage in phthisis was due to the fact that the contents of the vessels usually undergo thrombosis. He believed that hæmorrhage in the early stages of phthisis was sometimes beneficial by relieving the congested area and frightening the patient into taking greater care of himself. In treatment of hæmoptysis the doctor advocated rest, fresh air and hypodermics of morphia and atropia. On the disappearance of hæmorrhage he advised inhalations of creasote, iodine, eucalyptus, pinus Sylvestus, with spirits of chloroform added as sedative. The doctor concluded by quoting a case of hæmoptysis connected with cardiac disesse.

Missed Abortion.—Dr. F. R. Eccles, of London, read a paper on this condition, and reported several cases which had come under his care.

Conservative Surgery of the Eye.—A paper with this title was read by Dr. R. A. Reeve, of Toronto.

The Report of the Committee on Necrology was presented by Dr. T. S. Harrison, of Selkirk. The report called attention to the sad fact that an unusually large number of members of the Association had died during the past year, and that most of them were men who had not yet reached mid-life. R. H. Hunt, Clarksburg; F. Rae, Oshawa; John McConnell, Toronto; J. Rea, Toronto; W. Cormack, formerly of Guelph, were among the fallen. The following notices were also made in the report:

K. F. Fenwick, of Kingston, an energetic member of this Association and a skilful and successful practitioner, also at a very early age, died a sacrifice to the call of duty, having been infected through a small wound in the finger while operating on a case of septic peritonitis, and dying in a few days of septicæmia.

J. H. Saunders died on February 19th of this year of septic pneumonia, at the age of fifty-one. He had been for several years a professor of Queen's College, Kingston, a surgeon in our volunteer force, and an energetic and successful practitioner. The members of

the Canada Medical Association who visited Kingston last August will long remember his hospitality and his efforts to make the meeting a success.

Laughlin McFarlane died last March, like Dr. Fenwick, of sepsis from a needle wound received while operating on a hospital patient. He was in the prime of life and usefulness, only fifty-six; one of our most successful medical men; was president of this Association in 1894, and the able and genial manner in which he performed the duties of this office will long be remembered by the members of the Ontario Medical Association.

The death of these men, only noticed by their brother members and personal friends, in a short time forgotten, is as heroic as that of the leader of a "forlorn hope" whose name is "familiar in our mouths as household words," and we hold it is our duty to keep their memory green, so that it can truly be said:

> "On Fame's eternal camping-ground
> Their silent tents are spread,
> And glory guards with solemn round
> The bivouacs of the dead."

To Remove Hardened Wax from the Auditory Canal.—Laurens writes to warn against the use of instruments of any kind, as it is liable to be followed by the most serious consequences. He recommends the syringe alone, well sterilized and filled with boiled, tepid water. It should be introduced along the upper wall of the canal, so that the water will sweep the plug out with it, and five times full is enough for one day. The greatest care should be taken to work gently, and stop at the first trace of pain or vertigo. The plug can be softened with the solution of carbonate of soda, 1 gramme in 20 grammes of glycerin and water. Ten drops of this are to be warmed and poured into the ear three times a day; the head should be held so as to keep it in the ear for awhile and then a tampon can be inserted. The injection should be repeated in forty-eight hours. In case the plug of wax adhere to the meatus it should be seized with the pincers and held, while the injection is repeated until the plug comes out, when the canal should be wiped carefully with the finger wrapped in a sterilized rag, and a cotton plug inserted for a few days. —*Journal of the American Medical Association.*

Editorials.

The Ontario Medical Society.

THE sixteenth annual meeting of the above named society is of the past. Elsewhere will be found a short report of the papers and discussions.

A fair attendance of members greeted Dr. F. Le M. Grasett as he opened the meeting in good time. And later on many new members were enrolled, until the attendance seemed as large as it ever is when the meeting takes place outside of Toronto.

Whilst we feel that these meetings are a great benefit to all who attend them, we cannot but regret that the papers do not reach a higher scientific standard. We are at a loss to name the cause of this, for we know that a great deal of excellent work is done in the Province of Ontario by members of the society. We strongly urge upon members the necessity of early preparation of their papers, so that the Committee on Papers and Business may be helped in their duties. The preparation of a paper worthy of the society is not the work of a few days only, but of months. In the discussions we urge that the remarks should be short and to the point, and that members should not think of occupying the time of the association unless they are prepared with short, pithy criticisms of the papers.

From a social standpoint the meeting was the greatest success possible. Our confreres in Windsor must have worked together with a will in order to produce such results.

The evening of the first day of the meeting was brought to a close by an excursion on the river, and though the weather was rather unfavorable, good music, cheerful company, and choice refreshments helped to make everyone forget that anything but pleasure existed. The many lights on the shores of the river and the varied lights on the vessels as they moved along the surface of the water made quite a lively scene. Enchanting as this was to gaze upon, the decks of the boat were more seductive, and the graceful presence of the ladies served to complete the charm of the trip.

The business of the meeting was over by three o'clock of the second day, after which the visitors were taken in charge by the medical men of Windsor, who had provided special cars which took the party to

Walkerville, where a sumptuous luncheon was given by the Messrs. Walker, who had erected a tent on the trim lawn in front of their offices.

Here, with the beautiful river in view, the fleeting moments passed quickly. The tired doctors, worn out by listening to lengthy discussions on diseases, revived with remarkable rapidity under the influence of bountiful refreshments, both solid and liquid, in their most seductive forms. Short, humorous and pithy speeches, interspersed with songs and words of good fellowship, now brought the parting hour too near, when they were loath to bid adieu to their hospitable entertainers.

Crossing the river many members visited the manufacturing establishment of Messrs. Parke, Davis & Co., where much was learned as to the methods of producing the finer drugs and chemicals which we employ daily. A visit was also paid to the firm of F. Stearns & Co.

Other points of interest in both Detroit and Windsor were visited, and all left for home pleased with the success of the meeting, and a feeling of gratitude towards our Windsor confreres who entertained us so well, and who did everything in their power to make the meeting a success.

Dispensary Practice.

"Dr. SHEARD was asked by the Board of Control to report on the city free dispensaries. He says that they are institutions run by a few doctors where hundreds of people obtain free medicines, for which they can well afford to pay. It is altogether likely most of the dispensaries will be abolished."

Referring to the above clipping from the *Mail and Empire* of May 29th, we would say that some people do receive the benefit of free advice, medicine and treatment in our hospitals and dispensaries who could well afford to pay for such service. We are well aware that many receive services in our offices who could but never do pay. There should be a remedy. Let medical men put a higher value upon their services. Why should they devote so much time to charity work? Are they helped as they should be by the wealthy classes in our midst? Let our confreres who work in hospitals, and dispensaries, be more careful about giving their services to any but the poor and destitute. Then if those who are unconnected with medical charitable institutions would notify the City Physician of any case or cases of imposition, he might make it a part of his multifarious duties

to investigate. There is comparatively little interest taken by the general public in this matter, and the tone of the press at present tends rather to stifle charity for the sake of saving a few paltry dollars.

Doctors' Holidays.

No man takes as few holidays as the doctor, no one needs them more. It is well known that the life of a medical man is a comparatively short one. One month's recreation each year would increase his average length of life. The custom of taking a holiday is becoming a regular thing with a few men. It should be with all. An old veteran in his address before a medical association held recently said, "Gentlemen, for many years I never took a holiday, until a severe attack of persistent bronchitis drove me to Bermuda for the winter. I thought my hard won practice would be gone before I got back. But when I returned to my surprise all my old patients rallied around me, and I don't believe I lost one. I was obliged to go south for several successive winters until cured. And now I go away every summer for a few weeks' holiday." And the hale old gentleman bore evidence to the wisdom of his way of doing by his hearty appearance and promise of many years of usefulness. The foregoing is the cheerful testimony of every man who has an annual attack—of holiday fever.

Leave the humdrum of practice for the seaside, or Muskoka, or somewhere for a month. Most of your patients will be loyal to you, and perhaps many will be improved in health, especially if you do not leave a third year medical student as a *locum tenens*.

THE *Pacific Record of Medicine and Surgery* for May 15th has a short article in its editorial columns on the Roentgen rays which appeared in the editorial columns of our April number. No acknowledgment is made.

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THE following were elected officers at Windsor meeting of Ontario Medical Association: President, Dr. Coventry, Windsor; 1st Vice-President, Dr. F. R. Eccles, London; 2nd Vice-President, Dr. C. K. Clarke, Kingston; 3rd Vice-President, Dr. H. T. Machell, Toronto; 4th Vice-President, Dr. J. P. Armour, St. Catharines; General Secretary, Dr. J. N. E. Brown, Toronto; Assistant Secretary, Dr. E. H. Stafford, Toronto; Treasurer, Dr. G. H. Carveth, Toronto.

Doctor, the elections are now over; if you like the Review do not wait to see how the Manitoba School question will be settled before sending in your subscription. It is not expected that the change of Administration will cause an alteration in the medical tariff of fees, or in the subscription price of this journal.

* * *

Life Insurance Examiners' Fees.—The Equitable Life will on and after the 1st of July, 1896, return to the old tariff and will pay $5 for each medical examination. We are glad to see that the united efforts of the medical press towards securing adequate compensation for the services of medical examiners have been successful.

* * *

Without an Official Organ.—The Ontario Medical Council decided to discontinue the grant for the free distribution of a journal to the members of the College. The Announcement and report of proceedings will be issued by the Printing Committee of the Council. Drs. Barrick and Emory have charge of the matter.

* * *

Lodge Practice.—Dr. J. Spence, Toronto, presented the following report *re* lodge practice to the Ontario Medical Association: "Your committee appointed last year to consider the question of lodge practice, begs to report: That it cannot propose any fixed scheme yet applicable to this whole province, but it strongly condemns the growing evil and recommends that an effort be made to have each society in the province take the subject into its consideration and purge itself in any way whatever by making lodge practice by any physician *discreditable*, all of which your committee herewith begs to present."

* * *

Canadian Medical Association.—Members of the profession all over the Dominion are commencing to take a lively interest in the coming meeting of the Canadian Medical Association at Montreal on August 26th to 28th next. The fact that there is to be some definite action taken in connection with inter-provincial registration is bringing a large contingent from the Maritime Provinces; each Medical Council is sending delegates to the Dominion Committee. The President, Dr. James T. Thorburn, is putting forth every effort to ensure the success of this meeting. It is as yet too early to announce the provisional programme, but we promise it to our readers in the August issue. We understand, however, that the following gentlemen have intimated their intention of contributing to

the programme: Drs. Osler, of Baltimore; Stewart, of Halifax; Graham, J. F. W. Ross, McPhedran, Primrose, Price Brown, Aikins, and B. E. McKenzie, of Toronto; Wilkins, Adami, Lapthorn Smith, Birkett, J. B. McConnell, of Montreal; and R. Ferguson, of London. The hospitality of the profession in Montreal is proverbial, and, taken all together, the prospects are bright for a good meeting.

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Medical Faculty, Toronto University.—The following gentlemen had degrees conferred at the recent convocation: *M.D.*—T. W. G. McKay, M.B. *M.B.*—E. H. Arkell, W. J. Beasley, T. C. Bedell, T. H. Bier, J. F. Boyle, D. Buchanan, G. S. Burt, B. G. Connolly, G. E. Cook, D. T. Crawford, F. A. Dales, G. A. Elliott, W. F. Gallow, W. Goldie, C. Graef, A. Gray, N. B. Gwyn, W. J. Henderson, E. S. Hicks, A. G. Hodgins, F. W. Hodgins, E. M. Hooper, W. W. Jones, A. S. McCaig, D. McCallum, J. M. McCarter, C. S. McKee, D. C. McKenzie, A. H. Macklin, W. J. O. Mallock, J. A. Marquis, G. More, J. S. Morris, W. H. Nichol, A. W. Partridge, N. W. Price, J. A. Rannie, J. H. Rivers, E. L. Roberts, E. L. Robinson, H. H. Ross, E. J. Rothwell, W. L. Silcox, Miss C. Sinclair, L. C. Sinclair, D. K. Smith, I. G. Smith, R. H. Somers, F. C. Steele, C. G. Thomson, J. S. Thorne, W. J. Weaver, S. H. Westman, E. B. White.

Obituary.

Dr. J. A. Burgess.

We regret to announce the death of Dr. John Burgess, which occurred in this city on Tuesday, June 30th, at his home, 678 Queen Street East, from pulmonary phthisis, in the thirty-fifth year of his age. Last September he and Mrs. Burgess left for an extended tour through the Southern States with a view of bettering, if possible, his health. About a month ago he was compelled to return to the city from California; but he gradually grew worse, and passed away on the 30th. Dr. Burgess, after graduating from Toronto School of Medicine and Victoria University, commenced his practice east of the Don about eleven years ago, succeeding Dr. John Carroll, who retired. He enjoyed an extensive practice, and deserved the confidence placed in him by his many patients. He took an active part in public affairs, representing for a time old St. Matthew's Ward on the Public School Board. In politics Dr. Burgess was a Conservative, and took an active part in political battles. He leaves a widow and many relatives, and friends in the profession to mourn his demise.

Book Notices.

A Text Book of Bacteriology. By Geo. M. Sternberg, M.D., LL.D., Surgeon-General U. S. Army, &c., &c. Illustrated by heliotype and chromo lithographic plates and two hundred engravings. New York: Wm. Wood & Co. 1896.

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Sterility. By Robert Bell, M.D., F.P.S. G., Senior Physician to the Glasgow Hospital for Diseases Peculiar to Women. London: J. & A. Churchill, 7 Great Marlborough street. 1896.

* * *

A Manual of Anatomy. By Irving S. Haynes, Ph.B., M.D., Adjunct Professor and Demonstrator of Anatomy in the Medical Department of the New York University. With 134 half-tone illustrations and 42 diagrams. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896.

The great practical importance of a thorough knowledge of the viscera and of their relations to the surface of the body has been recognized in preparing this manual of anatomy by according to them the most prominent place in illustration and description. Further to elucidate their formation and relations in the adult a brief history of the development of the most important organs is introduced. Descriptions of the bones and the joints of these minute parts which require special preparation for their dissection have intentionally been omitted. Surgical references have for the most part been avoided. The card system was used in compiling the index. This is an excellent work, carefully written, well arranged and finely illustrated. Price $2.50.

Cricket Match.—An enjoyable gathering of medical men took place at Rosedale, July 1st, where there was a cricket match between the east and west end physicians of this city. The west won by a score of 66 to 108. Dr. Scott, for the east, batted brilliantly for 38, while Goldsmith, Harrington and Pepler contributed collectively 83. Greig and Andy Gordon fielded finely, and Fred. Fenton, J. T. Fotheringham and Capt. Caven played with a dash which showed that time has had little effect on their sprightliness. The next match takes place about the middle of July.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Ontario Medical Council.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—Will you kindly afford me space in the next issue of the MEDICAL REVIEW to supply information to my constituents, and to others, respecting one or two matters on which there appears to exist some missapprehension on the part of the profession. I receive so many inquiries regarding these points that to reply to each correspondent individually is becoming a very severe tax on my time, and it has occurred to me that a single letter in your widely read journal would suffice for all. I will give the questions seriatim, and append the answer to each.

Question.—What is the earliest date at which the Registrar can legally erase from the register the name of any member of the College for non payment of the annual tax or arrearage thereof?

Answer.—This question was asked at the recent meeting of the Medical Council, and an explicit answer thereto required. Dr. Williams, who appeared to speak with authority, stated in reply that the earliest day on which any member's name could be removed from the register for non-payment of dues will be the last day of February, 1898. It would appear that this is correct. The coercive clause of the Act was suspended till the present month. The assessment made at the late meeting was technically due on the 1st of January, 1896. On the 31st of December, 1896, a member who has refused or neglected to pay the tax just assessed, or any former arrearage, is in default. On the 31st of December, 1897, he will be twelve months in default, and the Registrar may at once notify him that, unless he makes payment of all arrearage within two months from that time, his name will be erased, and on, or after the last day of February, 1898, his name may actually be so erased.

Question.—How many members of the College are still in arrears of assessment dues, and for what aggregate sum?

Answer.—The type-written return supplied to each member of the Council at its recent meeting and entitled, "A list of members of the College of Physicians and Surgeons of Ontario in arrears of dues to June 6th, 1896," contains the names of 1,339 members, and shows an aggregate arrearage of $12,202. As nearly as I can ascertain, nearly eighty of these members are either deceased or non-resident in the

province. There remains, then, over 1,250 practitioners, or more than half the profession, who still refuse to hand over their money to the Council to be expended contra to law in its real estate misadventure. At the recent meeting, the Registrar, in reply to a question, stated that he had, during the year, issued certificates of payment to over 1,100 members, so that in fact considerably more than half the members have refused to pay up. The list does not include the tax for the present year. About forty only owe $2, and about the same number owe $26, or the whole accumulated arrearage of twenty-two years.

Question.—Have the Defence members of the Council paid their so-called back dues?

Answer.—No. Their arrearage was and is in each case deducted by the Treasurer from their sessional allowance. To this they had no alternative but submission under protest.

Question.—Why are not the annual proceedings of the Council fully and fearlessly criticized in the professional journals and the public press at the close of each session, as was promised in 1894?

Answer.—Subsequently to the election of several of the most active members of the Defence Association to seats in the Medical Council, it was thought proper to suspend all further appeals to either the profession or the public until after a vigorous and a sustained effort had been made to rectify existing abuses constitutionally through the Council itself. To this end, at the earnest solicitation of a few of us, the Executive of the Defence Association consented to forego all aggressive action until after the close of the Council's session of 1897. If the efforts of the Defence members of the Council are as futile in 1897 as they have proved to be in 1895 and 1896, the Executive of the Association will, in all probability, next July change its phase of expectancy for one of very decided activity. In that event it will, I presume, depute to some one the duty of fearlessly criticizing every vote given and every contention set forth by each member of the Council, and more especially of each territorial representative. In the meantime the published reports of the Council's proceedings are open to all, and are pregnant with meaning, and with sources of enlightenment, and the practical lessons they inculcate are so plain to every man of ordinary discernment, that he who runs may read. Pending, then, the probable renewal of hostilities a year hence, when it would seem that some startling disclosures are likely to be given and some spicy strictures made, I would urge every member of the College to carefully and thoughtfully read the reports of the Council's proceedings for last year and this.

Two other questions are now somewhat frequently cropping up, viz.: "What was the origin and the motive, and what will likely prove

to be the effect, of the recent changes engineered by the schools in the matriculation requirements of the Council?" and "What is the nature of the machinery existing in the Council by means of which every proposition looking towards the curtailment of extravagance, and every effort to secure reforms in the interests of the profession are inexorably voted down—in face of the fact that the representatives of the profession are now 17 in a Council of 30 members?" The answers to these questions I will endeavor to give in the next issue, or in the next issues, of the REVIEW, unless those who are acting with me think it better to defer doing so until after the session of 1897.

Yours, etc.,

Port Perry, June 27th, 1896. JOHN H. SANGSTER.

Selections.

Gonorrhœal Metritis.

MAX MADLENER (*Cent. für Gyn.*, December 14, 1895) states that great progress has been made in our knowledge of gonorrhœa in the female during the past two years. When the gonococcus was first demonstrated it was considered merely as a mucous parasite, but now it has been proved that the bearer of gonorrhœal infection is also able to penetrate into the deeper layers of tissue. Wertheim says: "All the inflammatory products in the tubes and ovaries, in the peritonæum and in the broad ligament, occurring as a sequel to gonorrhœa, are caused by the gonococcus."

The gonococcus has been demonstrated in the endometrium of the corpus and cervix, but not in the muscular tissue. The symptoms of metritis, such as sensitiveness to pressure and general enlargement, are often found as a sequel to gonorrhœa. Whether this is caused by the gonococcus has not yet been determined. The author examined many sections taken from a uterus that was removed *per vaginam*. The patient claimed to have been infected three months previous to the operation. Gonococci were found in the cervical secretion. The uterus was enlarged and was very sensitive to pressure. The uterine appendages were much enlarged and very sensitive to pressure. These proved to be pus tubes. No gonococci were found in the muscular tissue. In the second specimen the author was more successful and believes that he has demonstrated the presence of gonococci among the muscular fibres. The specimens were taken from a uterus that had been removed seven weeks after confinement. Three weeks before delivery a profuse purulent discharge appeared. The labor

and puerperium appeared to be normal. She arose on the seventh day and complained of being very weak, but had no fever. Five weeks later she was attacked with violent pains in the abdomen. These became so intense that the patient sought her bed and had to be carried to the hospital. Vaginal hysterectomy was performed. The uterus was large and infiltrated with pus; pyosalpinx was found on one side and a purulent salpingitis on the other. After taking many sections from the uterus, the following results were obtained: Forms clearly showing diplococci and corresponding in size to the gonocci were found in sections taken longitudinally from the fundus. The cocci were found in pairs, usually between the cells of inflammatory exudate and sometimes between the muscle cells. The cocci were found in sections taken from the anterior and posterior walls of the body and from the cervix. The author thinks that the failure to find the gonococci in the other cases was due to the length of time that expired after inspection before the examination was made. The gonococci remain for years in the mucous membrane, and can be demonstrated there, but the uterine muscular tissue is not a favorable soil for a prolonged stay or for propagation. They either perish there or pass through the uterine wall to the peritonæum. The author believes that many uterine abscesses are caused by the gonococci. Many of these abscesses followed abortion, and many did not show symptoms of infection by staphylococci or streptococci, but occurred during the latter part of the puerperium—indeed, post-puerperal infection has many characteristics of gonorrhœa.

In conclusion, Neisser's gonococcus is capable of penetrating the muscular tissue from the endometrium, and there causing inflammation. This inflammation may proceed to the formation of abscesses. This occurs most frequently in puerperal cases. The gonococcus soon disappears from the muscular tissue either by destruction or by emigration. By invasion of the serous membrane from the endometrium the peritonæum may be infected without any tubal disease. In this way perimetritis in gonorrhœa may be explained.—*The American Gynæcological and Obstetrical Journal.*

Normal Pregnancy after Abdominal Hysteropexy.—Fraipont (*Ann. de la Société Médico-Chirurgicale de Liége*, 1894) reports four cases where pregnancy and labor were practically normal though the uterus of each patient had been fixed to the abdominal walls. In two of the cases the hysteropexy had been performed over five years before the pregnancy occurred, and although the bands of adhesion

between the fundus and the parietes must have become very tough after so long a period, no special difficulty was encountered. In two of the cases the forceps was used, but not on account of uterine inertia; the fœtal head was voluminous, and in one of the two cases internal rotation was delayed. The placenta was always expelled easily, and no serious *post-partum* hæmorrhage occurred. Fraipont observed the progress of pregnancy in several of these cases. The uterus does not increase specially in its posterior part, but quite uniformly, so that, as might be expected, the fundus gradually detaches itself from the abdominal wound. Even if the adhesions were not broken down, they would of necessity be so stretched as to be useless for their original purpose after delivery. Bands of adhesion could not share in the process of involution. As, however, the uterus undergoes perfect involution, it is restored to its original condition before the onset of the disease which rendered hysteropexy necessary. —*British Med. Jour.*

* * *

Treatment of Inoperable Cancer with Methylene Blue.—On Prof. Ambrosio's advice, Alexandro (*La Mediz. Contemp.*) experimented with the influence of injections with methylene blue in carcinoma, which was considered inoperable. In a woman, 36 years of age, affected with an ulcerated and inoperable carcinoma of the left breast, the injections of methylene blue gave considerable improvement. During many months, parenchymatous injections were made every two days. The tumor became sclerosed and was reduced to small volume; ulceration and pains disappeared; around the tumor cutaneous nodosities appeared, which also were reduced by the treatment. The patient afterwards died of pleurisy. Autopsy proved that the tumor was transformed into cicatricial tissue without any adhesions. Two similar cases were greatly improved. Encouraged by such good results, the author tried the same treatment in a case of uterine cancer which infiltrated the vaginal wall. The patient was in an extremely grave condition because of an advanced anæmia. During six months she did not leave her bed. Morning and evening abundant vaginal douches with sublimate were given and injections every two days. After ten injections the patient could leave the bed. Complete suppression of pain and hæmorrhage diminution of the volume of tumors and even dispersion were obtained, in some cases treated by methylene blue. An examination of the urine showed that the drug had no bad influence on the kidneys.—*Medical and Surgical Reporter.*

Miscellaneous.

WANTED.—A suitable location for a doctor to establish a practice. Will any physician knowing of such a location kindly communicate with J. P., CANADIAN MEDICAL REVIEW, Toronto.

* * *

POSITION as *locum tenens* or assistant desired by a graduate of this year, who also holds the Council certificate. Address, "Graduate," CANADIAN MEDICAL REVIEW, Toronto.

* * *

IF physicians desire to be acquainted with the phases of the moon for July they have but to turn to page vi. advt to see the position occupied by that orb. The Antikamnia Chemical Co. will keep the profession posted on this point during the "dog days."

* * *

BELLEVUE HOUSE, 87 BELLEVUE AVE.—The private hospital (for women) of Drs. Temple and Macdonald has recently undergone thorough renovation. The operating and electrical rooms have been painted, and repapered with sanitary paper, making them completely aseptic. During the temporary absence of Dr. Temple communications may be addressed to Dr. Albert A. Macdonald, 180 Simcoe street.

* * *

A JUST DENIAL.—The action of Judge Ferris, of Cincinnati, in refusing to issue a marriage license to epileptics, is being widely commented upon, but certainly is based upon the soundest common sense. Our contemporaries generally accord the Judge the very highest praise for the far-seeing wisdom which has led him to take this "noble stand against one of the most efficient causes for the extension of one of the most incurable and degenerative diseases." Surely with the knowledge that is now so common regarding epilepsy and certain other diseases of analogous character, it is high time the legislatures of the States took some action to prevent not only marriage but cohabitation where the result would lead to perpetuating of maladies of this character. And such laws should be extended so as to cover syphilis and other diseases that exemplify the truth of the proverb: "The fathers have eaten sour grapes, and the children's teeth are set on edge!"—*Medical Age.*

* * *

College of Physicians of Philadelphia,

THE WILLIAM F. JENKS MEMORIAL PRIZE.

THE fourth triennial prize, of four hundred dollars, under the deed of trust of Mrs. William F. Jenks, will be awarded to the author of the best essay on "The Etiology and Pathology of Diseases of the Endometrium, including the Septic Inflammations of the Puerperium."

The prize is open for competition to the whole world, but the essay must be the production of a single person.

The essay, which must be written in the English language, or if in a foreign language, accompanied by an English translation, must be sent to the College of Physicians of Philadelphia, Pennsylvania, U. S. A., before January 1, 1898, addressed to Barton Cooke Hirst, M.D., Chairman of the William F. Jenks Prize Committee.

Each essay must be typewritten, distinguished by a motto, and accompanied by a sealed envelope bearing the same motto and containing the name and address of the writer. No envelope will be opened except that which accompanies the successful essay.

The Committee will return the unsuccessful essay if reclaimed by their respective writers, or their agents, within one year.

The Committee reserves the right not to make an award if no essay submitted is considered worthy of the prize.

JAMES V. INGHAM,
May 1, 1896. *Secretary of the Trustees.*

BELCHER HYDE, M.D., of Brooklyn, N.Y., writes: "Antikamnia is an American product, and conspicuous on this account and because of the immense popularity which it has achieved. The literature is voluminous, and clinical reports from prominent medical men with society proceedings and editorial references, attest its value in actual practice in an endless variety of diseases and symtomatic affections. The fact stands incontrovertible that antikamnia has proven an excellent and reliable remedy, and when a physician is satisfied with the effects achieved he usually holds fast to the product. Antikamnia is one of the certainties of medicine. This is the secret and mainspring of its success."

The Canadian Medical Review

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Original Communications.

Lachrymal Disease.

BY J. H. M'CASSY, M.A., M.D. (TOR.), DAYTON, O.

DACRYOCYSTITIS is perhaps the most common form of lachrymal disease. It is essentially an inflammation of the lachrymal sac, generally accompanied by catarrhal inflammation of the lachrymal duct.

Cause.—About fifty per cent. of the cases of lachrymal disease is due to hypertrophy of the nasal mucous membrane, especially that of the inferior turbinated body, the exit of the tear duct lying in the inferior meatus. Catarrhal or tracheomatous disease of the conjunctiva is a close second in the causation of this disease. Then we have a local periostitis at the nasal outlet of the canal as a frequent starting point. The affections that may cause this trouble often disappear spontaneously, leaving no apparent cause of the lachrymal disease.

Pathology.—The stricture usually consists of inflammatory thickening of the mucous membrane of the lachrymal canal, or in the more obstinate cases a cicatrical sclerosis of the connective tissue wall will usually be found. In attempting to pass a probe difficulty will be encountered (1) Either in the canaliculus; (2) At the

junction of the canaliculus with the lachrymal sac; (3) Or toward the nasal end of the sac, especially just below the sac.

Symptoms.—Many patients complain of nothing more than the continual annoyance caused by the overflow of tears, but the majority of patients complain of burning, smarting and inability to use the eye continuously owing to the blurring of the vision by the excess of tears on the cornea. There are tendernesses. and swelling over the sac with œdema extending to the eye-lids. The carnucle is swollen to twice its normal size, and there is more or less epiphoria. In dacryocystitis the pus will be readily evacuated in the inner canthus by pressure on the sac with the finger.

Course and Complications.—The disease will remain stationary or grow worse. Its tendency is not to get well of itself. Recovery will be slow, requiring months or years. The large number of cases may be completely cured, but it would be unreasonable to expect a complete cure in all cases. Proper treatment will benefit all cases, but not a few cases will have some trouble remaining despite the best efforts of the surgeon. In cases that are neglected for a long time, the subjacent bone may become carious, and a passage may be made into the superior nasal fossa or into the cells of the ethmoid. The discharge may have an offensive odor. The pus being often infectious, due to the presence of micro-organisms, may cause suppuration in corneal wounds. For this reason no operations, such as iridectomy or cataract extraction should be undertaken until the lachrymal trouble is cured. If the lachrymal disease continues unchecked or cured, blephoritis. chronic conjunctionitis, erysipelas, or erythema of the skin of the eye-lids is liable to follow.

Treatment.—Stricture will invariably result speedily from dacryocystitis; generally before the patient comes to the surgeon he has been suffering from stricture for some time. Now, in order to cure the disease it is necessary to bring about absorption of the stricture. How can a probe passed and left in situ for ten minutes, once daily, or once every few days, be expected to produce absorption of hypertrophied tissue or fibrous bands? A simple attack of cold will cause a relapse of the trouble.

After slitting up the canaliculus, probes of various kinds and sizes are usually passed with a view to dilate the stricture, but this is a very slow process, and unless persisted in regularly for a long time it fails to produce absorption of the stricture. I have seen patients undergo the probing and washing out process of treatment daily for months and years and still there was no cure. Besides the probing and the syringing being annoying and painful, many of my patients begged

something to be put into the lachrymal canal to keep it open for a while and give them a rest from the probing and syringing process. In several cases after slitting up the canaliculus with Wiber's or Bowman's probe-pointed canaliculus knife, the stricture was cut in three or four directions with Stilling's knife (Stilling's knife being short, straight and stout it will not break off in the bony canal). Blood issuing from the nose will leave no doubt that the stricture has been cut. The canal is then washed out and a "C" silver canulated style dropped in. The head of the canal will occupy the interior of the sac and remain out of sight, quiescent, for years. I usually take the precaution to have thread cut in the upper end of the lumen of the canula to correspond with thread cut on a probe so that the probe may be screwed into the canula at any time by which to extract the canula. Before cutting the thread on the probe it is of great advantage to have about half an inch in length of the probe project beyond the thread. This part to be small and tapering so that it will readily pass, enter the lumen of the style easily and assist in adjusting the axis of the style to the probe.

The silver canula may be left in situ indefinitely. But occasionally some trouble may arise. A few granulations at the upper end of the canal are the complications usually observed which, when once touched with a saturated solution of chromic acid on a little cotton on a cotton carrier will rarely return. A solution of nitrate of silver, or any solution may be injected through the lachrymal canal, even with the canula in situ. In operating I have a preference for the upper canaliculus because it is more accessible, easier kept clean, and less liable to irritation.

Mrs. F., aged forty-five years, was afflicted with dacryocystitis and stricture of the left lachrymal duct for several years. She had submitted to a great deal of treatment consisting of probing and syringing, but without much improvement. She came to my office, December 10th, 1895. The upper canaliculus was slit up with a Wiber's probe-pointed knife. The stricture was divided by a Stilling's knife in several directions. A No. 8 Ayer's probe was passed. The canal was syringed out with saturated boracic solution, and a "C" silver canulated style put in position by means of a probe previously screwed into the canulated style, and has been left in position ever since, a period of five months. The abcess in the lachrymal canal disappeared in one month. During the first few days she was conscious that something was in the lachrymal canal, but thereafter she became accustomed to it and never noticed it since. I have six patients wearing canulated styles at the present time. I usually leave the

canula in but two or three months, which is usually sufficient time to produce absorption of the stricture. Should there be any tendency toward return of the trouble, I replace the canula for another few months. This method of treatment of lachrymal disease has been so successful in my hands that I rarely employ any other.

Administration of Anæsthetics.*

BY DR. H. H. OLDRIGHT, TORONTO.

MR. PRESIDENT AND GENTLEMEN,—The consideration of the administration of anæsthetics will bring to your recollection many cases in which you have watched the effect that was produced by chloroform or ether on that delicate organism, the human body. In our first experiences with these volatile drugs we went to work cautiously, perhaps tremblingly; poured out so many drops, waited so long, then a few more, and so on till we thought we had our patient well under. We were cautious, and we were rightly so, and may we ever err on that side if in doubt as to the effect that our anæsthetic is having on the patient. In the administration of chloroform the first question which arises is as to the form of inhaler which we will use. Generally a soft light towel is the most convenient and has certain advantages over the wire frame covered with lint.

1. If the patient expectorates or moistens the towel with his breath one can change to another spot to get a more even evaporation.

2. It is well to change occasionally to a fresh dry part to be able to see how many drops are falling.

3. The towel covers the eyes and prevents the vapor irritating them, a point with children.

4. A small corner may be used to hold near the nostrils in face operations, out of the surgeon's way.

As to the amount of chloroform to be given in the first stage there are differences of opinion among anæsthetists, some holding that it is safer to give large doses to render the patient unconscious quickly, others preferring the drop method. Here we must use our own discrimination in each individual case. With children screaming and struggling it is safe to apply about ℥js. and hold it one or two inches from the nose, when in a few inhalations the cries cease and we may continue throughout the rest of the administration by the drop method. With the drop method we regulate the intervals between

*Read at meeting of Toronto Medical Society.

the drops by the size of patient, in a full grown adult letting a drop fall about every ten seconds. With nervous adults a few words of encouragement or a glass of brandy will very often reduce the rate of a rapid pulse. With these subjects, in beginning it is well to give the vapor quite dilute, warning them that there will be a sense of choking or suffocating at first, and all these precautions may do a great deal to prevent overdue excitement in the first stage. With calmer, more composed and stronger subjects we gradually approach the towel, dropping on four to six drops every few seconds, and when unconscious continuing with one or two drops every five or ten seconds. It is well to watch the pulse rate in all cases, keeping the finger of the left hand, which supports the chin, pressed lightly on the carotid, for although rhythmical respiration is the best indication of the good state of our patient, the tension and rate of the pulse help us greatly in each individual case to tell what effect a larger or smaller dose, at greater or less intervals, is having on the heart and vaso-motor centre. (Note—Chloroform tends to paralyze the vaso-motor centre and ether to stimulate throughout.) The position of the patient we take for granted will always be the horizontal, the head never above the level of the body, and it is better to produce anæsthesia on the table on which the patient is to lie during the whole administration. The head is best placed in slight extension, or where there is saliva or blood in the mouth it may be turned to either side. In operations about the fauces it is better to have the head lowered so that the blood may gravitate to the naso pharynx, and the anæsthesia in these operations should not be deep, as they are of short duration, and the patient will be enabled to waken quickly and to clear the air passages to prevent inhalation of blood and mucus, etc.

During the first stage of stimulation tactile sensibility is dulled, and the movements incoordinated. It is well at this time that there should be no talking either amongst the bystanders or by them to the patient, as the sense of hearing is more acute and sounds are magnified and misinterpreted. The patient, if struggling, may be assured by the anæsthetist, and those who are holding the limbs should let them move passively. If the parient is trying to rise from the table and is very excited we are, at times, in doubt as to whether we shall continue or slacken off the chloroform. Here crops up the question of large and small doses. By giving the former we shorten the excitement and struggling, and lessen the tendency to apoplexy, but we must watch the pulse and guard against giving the vapor too concentrated when the patient stops a moment to take in a deep breath. Should a general tonic spasm come on with dusky face we had better

wait till the patient takes one or two breaths and is relieved. With a patient composed and breathing regularly we have, if the intervals and doses are equal, a regular absorption of the anæsthetic. In this way we are able to saturate the blood more equally. But where the inspirations vary in depth and regularity we must also vary the dose and time also. If the patient be breathing very deeply and rapidly we may give our chloroform well diluted for fear of its effect on the heart and vaso-motor centre.

Chloroform has a specific paralyzing effect on the heart muscle, the heart of the frog ceasing to beat instantly if exposed to the direct action of this drug. Ether primarily has a stimulating action on the heart and vaso-motor centre. As before mentioned, the tension of the pulse indicates the degree of paralysis of the vaso-motor centre. Pain causes stimulation of this centre and a rise of tension, as we may observe in an operation when the incisions are being made. In operations, therefore, on less sensitive parts, or when the pain is short in duration, we do not need to administer as much chloroform as will be required in such operations as on the rectum, scrotum, eye or ear.

In passing, I would mention the point that in abdominal operations the most painful incision is that through the skin ; the bowel may be handled and incised with little or no pain. Through the first stage of anæsthesia the pulse rate and breathing is rapid, the pupil dilating, the hearing is more acute, tactile sensibility and coordination impaired ; in alcoholics we nearly always have struggling and excitement, the patients laughing, talking, singing or swearing. With them we must watch particularly the pulse, the color of the face, the degree of cyanosis and congestion of the vessels, and graduate the dose accordingly. In the second stage the patient becomes unconscious, the muscles relax, the reflexes are lost, the pulse and respirations gradually return to the normal rate, the pupil slowly contracts as the anæsthesia deepens, till it comes to the normal size. The pupil through this stage, in the majority of cases, is a good guide, for, as a rule, we will see the contraction progress evenly after each dose, and in less painful cases we need only effect a medium degree of contraction. The corneal reflex is not always the most sensitive, but when it is lost the operator may proceed, as we can quickly go beyond that, according to the indications.

It is always well to have the ear in reach of the breath sounds, or the hand near the nostrils to feel the current of expired air ; we do not then need to watch the abdominal or chest movements, which, at any rate, are not as reliable signs of regular breathing.

Not to weary you with a longer paper, I will close with a few remarks on resuscitation.

The most common dangers in anæsthesia are asphyxia, the patient ceasing to breathe, the pulse becoming small and irregular, and dyspnœa, the pulse failing and then the respiration. Small children are very liable to faint, the vital stamina not being so well developed or coordinated, and we therefore do not need to give to them as large doses in proportion as to adults. Perhaps another reason is that they do not feel pain as acutely, and therefore the reflex stimulation is not as great. Should we use cold douches and inversion? (Eben Watson, *Lancet*, Glasgow, March 10, 1883.) These are both condemned by Dr. Edward Curtis, of New York, the first lowering the vitality, and the second causing greater dilatation of the right heart by gravitation pressure. He advocates hot applications and artificial respiration in the prone position. At the same time we may practice the Laborde method, drawing the tongue out rhythmically.

The reflex is supposed to pass through the lingual nerves and phrenics to the diaphragm. If either nerve be cut we do not get the desired result. If the Faradic battery is used the sponges should both be placed over the diaphragm, for if one pole is placed on the neck we cause stimulation of the inhibitory nerve of the heart, the vagus. We should make it a rule never to administer an anæsthetic without having at hand, and charged ready for use, a hypodermic syringe containing five minims of liq. strychnia, and also capsules of amyl nitrite.

In conclusion, we should on each opportunity study the phenomena due to the action of anæsthetics. I have made reference more particularly to chloroform, as it is more commonly used by the general practitioner. The use of nitrous oxide gas and ether in combination is the safest method, but the apparatus is costly and not as portable as chloroform, and, moreover, there are many cases where ether is contraindicated on account of renal or bronchial trouble or from the inconvenience to the operator in abdominal operations, the movement of this part being greater under ether narcosis. We do not yet know the metabolic changes which occur in the nerve tissues, but much has been done and is being done to render the administration simpler and safer.

Dr. J. A. Sutherland has settled in North Bay.

Editorials.

Surgeon-Lieutenant-Colonel Borden, Minister of Militia.

It is not the province of this journal nor of medical journals generally to meddle in politics. The Review is no exception to this rule. It takes a deep interest, and unbiased in all that concerns the welfare of the profession, whether of a technical, sanitary, legislative or personal character, and in no branch has it taken a greater interest than in the medical department of militia, having in mind at once the well-being of medical officers and of the troops under their professional care. It is, therefore, particularly gratifying to find an officer in that department chosen for the important and patriotic position of Minister of Militia. The Review extends its hearty congratulations to the new Minister, and sincerely trusts that he may signalize his administration by establishing for all time the medical department on a satisfactory basis. The Review has in mind a speech which the honorable gentleman made some three years ago on this subject, and ventures to express the hope that the neglect and abuses of which he then complains may now disappear. Members of our profession have reason to be proud that doctors of standing and ability sufficient to fill Cabinet offices with acceptance are to be found in the Federal Legislature, so that in the last administration two portfolios, and in the present, one portfolio have fallen to medical men.

The New Treatment of Burns.

The old and long recognized principle in the treatment of burns of exclusion of air and protection of the raw surface leaves but this to be desired, that the protecting substance shall not merely have a mechanical effect, but that it shall have therapeutic action as well. Efforts in this direction have recently been made by M. Poggi. He has used nitrate of potash with, as he claims, marked good effect. He uses a saturated solution of the salt, which acts as a refrigerant and antiphlogistic. When the injured part is treated with the solution the pain ceases rapidly. It returns as the cloths become warm. The addition of a little fresh nitrate to the solution removes the pain, which gradually subsides. He states that healing after this treatment is

unusually rapid. M. Vergely, of Bordeaux, has also been experimenting in the same direction. He uses a thick paste prepared by mixing calcined magnesia and water. This paste is spread over the surface and allowed to dry, replacing the paste as portions fall off. The pain is said to cease as the paste is applied, while the wounds are said to heal without scarring, a statement which may be taken as more hopeful than realizable. Both these methods of treatment are said to excel. Whether they will give better results than those obtained by the use of milk, caron oil, glycerine, thiol, thymol, ichthyol, nitrate of silver or picric acid remains to be seen. In the meantime our experimental resources are increased by so much.

The Overcrowded Condition of the Profession.

The Medical Review has on several occasions called the attention of intending students of medicine to the fearfully overcrowded condition of the medical profession. Take the Province of Ontario as an example, and we have no hesitation in stating that one-third of the medical men now in active practice could do all the work, and then not be overly burdened with professional cares.

Just stop to think for a moment. In Ontario, one doctor to every six hundred persons, including men, women and children, rich and poor. The regular sickness, accidents, maternity, inquests, insurance, all combined, will not yield on an average for all the practitioners of Ontario an income better than that made by a well-to-do mechanic, or fairly paid clerk.

Take the case of a high school teacher. It requires four or five years to secure his B.A. degree, and some additional time at the School of Pedagogy, training for his practical certificate. He then receives from $700 to $2,000 a year according to his good fortune and success as a teacher.

Now take the case of a doctor. He spends five years in study, and commences practice. For the first year he will not do as well as the teacher, and has far greater responsibilities and hardships. The teacher has short and regular hours, and his fixed vacations, whereas the doctor has the most uncertain of hours, and may find it very hard to get away from his practice for even a few days.

Commercial travellers, bank clerks, accountants in good houses many insurance men, etc., are all making more money, and with much less anxiety than the great bulk of our medical practitioners.

Of course there are some medical men who are making money, but they are few in number.

Some rush into the medical profession because they think it gives them an independent position. This is a great mistake. No class in the world have to be more careful of the public than doctors, and more careful to humor the whims of their patients. And should he not do well in any locality, it is a very hard matter to remove to another and build up a second practice. He has to begin over again.

Go where you will, the universal opinion is that there are far too many medical men. Our serious advice to young men is, keep out of the medical profession at present. There are no openings or inducements in it.

The Canadian Medical Association.

The Canadian Medical Association will hold its meeting in Montreal on Wednesday, Thursday and Friday, August 26th, 27th and 28th. It promises to be one of the most successful meetings in the history of the Association.

PROGRAMME OF PROCEEDINGS.

Wednesday, August 26th.

10 a.m.—Inter-provincial Registration Committee meeting in St. George's Church school-rooms, 15 Stanley Street.

12.30 p.m.—Montreal General Hospital, Clinical Work, followed by the general work of the Association in the operating theatre of the hospital.

4 p.m.—Short excursion.

8.30 p.m.—President's Address in St. George's school-rooms, 15 Stanley Street, followed by continuation of papers adjourned from the afternoon meeting.

Thursday, August 27th.

10 a.m.—Meeting in St. George's school-rooms, Reading of Papers.

12.30 p.m.—Hôtel Dieu Hospital, Clinical Work, followed by continuation of papers in the operating theatre of the hospital, adjourned from morning session.

4 p.m.—Short excursion.

7.45 p.m., sharp.—Dinner of the Association.

Friday, August 28th.

10 a.m.—Meeting in St. George's school-rooms, Reading of Papers.

12.30 p.m.—Royal Victoria Hospital, Clinical Work, followed by continuation of papers in the lecture room of the hospital adjourned from the morning.

Light lunches will be provided for the members at the hospitals, and special electric cars will be furnished to and from the hospitals.

The Second Pan-American Medical Congress will meet in the city of Mexico, November 16 to 19, 1896. Any Canadians who contemplate attending should send their names and addresses to Dr. Chas. A. L. Reed, St. Leger Place, Cincinnati.

* * *

It is announced that the date of the meeting of the Mississippi Valley Medical Association has been changed to September 15, 16, 17 and 18, in order to permit the members and their families to take the opportunity accorded by this change to make a pleasant tour through the Yellowstone Park.

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Cleanse the Alimentary Canal.—The *Philadelphia Polyclinic*, July 11th, has some good pointers. In diarrhœal affections seen early or late a high enema, calomel in small doses frequently repeated, or castor oil and aromatic syrup of rhubarb, about a teaspoonful of each for a child, or a teaspoonful of each for an adult. Then disinfect by salol, creasote, etc. Liquid diet, pancreatized, sterile milk for adults; and, instead of milk, for children fresh beef juice or barley water.

* * *

Sulphur in Eczema.—Dr. Cautrell, in the *Philadelphia Polyclinic*, extols the use of sulphur in eczema, scabies, hyperidrosis, miliaria, folliculitis, acne, seborrhœa and comedones, psoriasis, verrucous growths, tinea trycophytina and dermatitis. He claims that is an excellent parasiticide, that it dissipates inflammation, relieves itching, often reduces new growths, and assists the action of both the sebaceous and sweat glands. In addition to massage and a bandage compress over the breasts to dry up the secretion of milk, Dr. Bloom gives:

Atropin sulph	gr. $\frac{1}{20}$.
Mag. sulph	℥iii.
Inf. gent	℥viii.

M. Sig. ℥iv. every two hours, decreasing according to its action upon the bowels.

Post-Diphtheritic Paralysis.—Dr. G. T. Mundorff, *Medical Record*, July 27, states that he had a very severe case of post-diphtheritic paralysis to treat. Following Dr. Seibert's suggestion he gave an injection of 750 units above the right rectus abdominalis. There was very little constitutional disturbance. This was on 4th March. The patient began to improve. On 13th March another injection of 1,000 units was given. From this there was rapid improvement.

* * *

Acute Pelvic Peritonitis.—J. M. Baldy writes on the treatment of acute pelvic peritonitis in the *Polyclinic*. He recommends rest in bed, functional rest by means of a soft vaginal tampon, if necessary, and depletion by magnesium sulphate in teaspoonful doses each hour until the bowels move. The pain produced by the increased peristalsis may be relieved, for the time, by morphine. Depletion by a hot douche (a warm one is harmful) is also beneficial. The ordinary antipyretics do harm.

* * *

Serum Treatment of Tuberculosis.—Dr. Paul Paquin, in the *New York Medical Journal*, June 6th, remarks that in his experience the use of the serum improves the quality of the blood. There is rapid increase in the number of red globules. The fever is abated, and the patient gains in weight rapidly. Tubercular abscesses heal. The bacilli disappear under the treatment. The report of cases given is very encouraging. Every one of the cases had been proven to be tubercular by the presence of the bacilli. The dose of the serum varies from five to ten minims upwards daily.

* * *

Nursing.—In a paper on nursing, read at the Superintendent's Convention, Philadelphia, Mrs. L. W. Quintard holds that no nurse should consider her knowledge complete unless she is able, in her private work, to pass the male catheter. She should, if called upon, be prepared to dress abdominal wounds, case of supra-pubic lithotomy, inguinal hernia, and of hip-joint disease. It may not always be necessary, but where it is a question of an untrained nurse or an untrained orderly, the nurse is the proper one to do it. In caring for the sick, as far as possible, sex and self must be forgotten. In their weakness men appeal to nurses as children, and the motherliness inherent in every true woman's nature responds to their cry for help, and it is given without any regard to their relation, except as patient and nurse.

SPRAINS.—The *Railway Surgeon* says the best treatment for sprains of the foot is the use of hot foot baths for fifteen minutes three times a day, follow each bath with massage for fifteen minutes, then apply snugly a Martin rubber bandage from the toes up as high as the ankle, and have the patient walk.

* * *

THE USE OF THE RŒNTGEN X RAYS IN SURGERY.—W. W. Keen, in *Dunglisen's College and Clinical Record*, says that deformities, injuries, and diseases of bone can be readily diagnosed in the hands, fore-arms and feet; that foreign bodies, opaque to the rays, such as needles, bullets and glass, can be located; that the internal organs are not accessible to examination; that it is not likely cancers, sarcomas and the like can be diagnosticated; that calculi of the kidney, bladder, and gall bladder cannot be diagnosticated, either (1) because they are embedded in such parts of the body as are too thick to be permeated by the rays, or (2) are surrounded by the bones of the pelvis, or (3) are, in the case of gall stones, themselves permeable to the rays.

* * *

THE INFLUENCE OF A PREVIOUS SIRE.—Dr. A. L. Bell, of Dunfermline, Scotland, in *Medical Age* for June 10, in a lengthy and carefully prepared paper goes to show that there is no ground for holding the opinion that a previous sire will affect the offspring of a second sire. He comes to this conclusion from three grounds: (1) The cases that have been often quoted in support of the belief are not reliable, and lack the necessary scentific data to form a ground for any safe deduction. (2) The study of the fœtal and maternal circulation would go to exclude the belief that any interchange in the blood would take place that would influence the mother in her future conceptions. (3) The writer then deals with cases of animals where experience is contrary to the common belief. One is of interest. A pure white woman had a male child to a full blood negro, and in less than three years a daughter to a pure white man. The daughter had no traces of the negro. Dr. Bell personally knows these people.

* * *

THE SURGICAL TREATMENT OF EPILEPSY.—Dr. Frederick Peterson, in *New York Medical Journal*, June 6th, remarks that the surgical treatment of epilepsy is not attended with the most brilliant results. He states that the practitioner may perform his gynæcological operations, circumcize, carry out procedures on the nose, tamper with the

eye muscles, or what not, but let him not be too sanguine. He will be fortunate indeed to meet with a single case of cure. In about one per cent. of epileptics the history of injury to the head will be found. In a larger number of cases there is an old meningeal hæmorrhage, giving rise to some paralysis and sclerosis. These cases should not be operated upon. In the cases due to injury to the head there is usually old standing lesion and an operation would not succeed. The removal of a cicatrix from the cortex will be followed by another, and no good follow. If the injury is recent the chances of a cure are much better. Of miscellaneous traumatic cases the best is at most four per cent. of cures.

* * *

Prevention in Nervous Diseases.—Dr. Jacobi says: "Perhaps the greatest negligence on the part of medical men is exhibited in regard to mental overwork. Our schools have become hot-houses in which spinal curvatures, near sightedness, anæmia, neurasthenia, chlorosis and cerebral exhaustion and disease are being bred in incredible numbers. Even the apparent offset to this mental work, gymnastics or "calisthenics" exercise in the same building, as part of the curriculum, adds (may add) to the general exhaustion. It is time that the medical profession looked into the increasing degeneration of the people resulting from the overtraining of the young brain, ninety per cent. of which is not attained until the seventh year, and the full growth not reached before the fourteenth or seventeenth. Physicians will do well to be no longer afraid of the charge of going into politics. If they do not wish to be politicians let them be something better and turn statesmen."

* * *

Antitoxin in Diphtheria.—The committee of the Pediatric Society on the above subject made its first report a short time ago. This report was prepared by Drs. S. E. Holt, W. P. Northrup, J. O'Dwyer and S. S. Adams, and appeared in the *Medical Record* of July 4th. The work of the committee covers 5,794 cases treated with the antitoxin and 12.3 per cent. of deaths. The date of injection appears to be an important factor as thus shown: Of 996 injected on the first day, 4.9 per cent. died; 1,610 on the second day, 7.4 per cent. died; 1,508 on the third day, 8.8 per cent. died; 758 on the fourth day, 20.7 per cent. died; 690 on the fifth day, 35.3 per cent. died. Of all the cases under two years the death rate was 19.2 per cent.; two to five years it was 13.3 per cent.; from five to ten years it

was 8.7 per cent.; from ten to fifteen years it was 3.3 per cent.; from fifteen to twenty it was 3.2 per cent., and over twenty years it was 2.1 per cent. The influence of the treatment seems to be favorable on the whole on the sequels and complications. The per centage of bronchopneumonia appeared much reduced. Unless the treatment is commenced early in the disease, it does not appear to have much influence on the paralysis.

* * *

The Treatment of Hæmoptysis.—Dr. T. J. Mays, in *New York Medical Journal*, June 27, remarks that pulmonary hæmorrhages are of two principal kinds. First, that from the bronchial and pulmonary capillaries, or by an extravasation or oozing through these vessels. This form occurs in the first stage of the disease. Second, that from the rupture of an aneurysmal artery or vein in a cavity. This occurs in the third stage of phthisis. In treating the first form, make the patient comfortable mentally and physically. Assure him the hæmorrhage is not dangerous, and may do good by relieving congestion. Then give a hypodermic injection of morphine and atropine. Avoid all physical exploration at this stage, and keep the patient in bed until the bleeding has entirely ceased. If the bleeding is copious, apply ice bags freely and continuously to the chest. If the patient has syphilis, give mercurials or iodides; if rheumatism, salicylates; if ague, quinine. These conditions often cause or aggravate the bleeding. Among other remedies may be mentioned ergot, opium, lead acetate, hamemelis, gallic acid, and geranium. In the case of bleeding from a cavity, the complication is always grave. If the vessel is large the danger is imminent. In such a case apply the ice bags to the chest, and give a hypodermic of morphine and keep the patient very quiet. Pulmonary rest is of prime importance. The writer does not approve of pulmonary gymnastics in cases where there is a tendency to bleed. Inhalation of compressed air and auscultation has caused hæmorrhage. The author of the paper is of the opinion, from practical observation, that high altitudes are favorable to these cases. To the above points on this important subject, he adds the following: Free purgation by concentrated solution of magnes. sulphate is very useful. Putting elastic bands round the arms and legs lessen the pulmonary pressure rapidly and assist in staying the blood flow if very copious. Much benefit has been from elevating the head of the bedstead or lounge so that the patient is lying in an inclined plane. We do not believe that astringents do any good; but vascular depressants are likely to be of use.

Vigorous Action Against Substituters.

FAIRCHILD BROS. & FOSTER have recently adopted vigorous methods for dealing with those druggists who substitute other preparations when Fairchild's are ordered, as will be seen by the following letter:

COPY.

Dear Sir,—We beg to call your attention to the following statement of facts, which we believe will be of great interest to you as a practising physician, relying on the pharmacist for dispensing the medicines which you prescribe:

On a recent date, a prescription of a . . . . . physician, ordering "Essence of Pepsine, Fairchild's," was sent to . . . . . drug store. The bottle dispensed upon this prescription was immediately sealed in the presence of a witness and expressed to us. A copy of the prescription was asked for and obtained, which proved to be an accurate transcript of the prescription, bearing date and number corresponding to those upon the label of the bottle dispensed. Upon examination, the content of said bottle was found to be a fluid differing materially from Fairchild's Essence of Pepsine, so as to be obviously recognizable as a plain violation of the physician's prescription.

Another written order for Fairchild's Essence of Pepsine was sent to Druggist . . . . . Upon examination, this proved likewise to have been filled with a different and inferior fluid.

Subsequently, the same day, a messenger was sent to . . . . . and asked verbally for four ounces of Fairchild's Essence of Pepsine. He received a wrapped vial, for which he paid fifty cents. This bottle was found without label, and the messenger returned and asked to have the bottle labeled. The druggist then simply labeled it "Essence of Pepsine." Thereupon, the messenger requested the druggist to put "all the name on the bottle." The druggist told the messenger that he "would not dare to put Fairchild's name on the label, although it was all the same." The druggist finally admitted to the messenger that he was "out of Fairchild's Essence," and then returned the fifty cents.

There is one significant fact that should also be mentioned; the price charged in these cases (as in every instance coming to our knowledge) is the same as the patient would be charged by pharmacists who dispense the genuine medicine ordered. Comment is unnecessary.

In defence of our own rights, and in order that you may take such means as you deem best to protect yourself and your patients, we advise you of these facts. We further respectfully request that in prescribing Fairchild's Essence of Pepsine, you will kindly send the prescription to pharmacists, of whom there are many, who will faithfully respect their legal and professional obligations to physicians and to the public.

These prescriptions, sealed and certified, are in our possession, and we stand ready to still further substantiate these statements.

Very respectfully yours,

[Signed] FAIRCHILD BROS. & FOSTER.

In explanation of their action, a member of the firm states as follows:

We have suffered very great injury by reason of this substitution, especially in the case of our Essence of Pepsine. Endurance has now ceased to be a virtue, and we shall take aggressive steps to protect our interests.

The principal product of ours for which substitutes are most sold is our Essence of Pepsine. This preparation we originated sixteen years ago, and we may fairly say that it is to-day one of the best known and most used of pharmaceutical products. Time and time again we have detected druggists substituting inferior preparations for it. The attitude taken by these druggists showed very well that they fully realized what they were doing. When first charged with substitution, the druggist becomes very indignant, and is apt to state that "he does not do that sort of thing," "always puts up what the doctor orders," etc. Upon being confronted with the proofs, he then throws himself upon our generosity, and begs of us not to expose him, promising not to do so again. Here is a recent illustration. A doctor wrote that he had stopped using our preparations beeause, in endeavoring to prepare some milk with Fairchild's Essence of Pepsine he spoiled two gallons of it in a hospital, was greatly annoyed, and lost confidence in our products. Upon investigation we proved to the doctor the repeated substitution of another and inferior preparation supplied upon the hospital requisition, which plainly called for Fairchild's Essence of Pepsine.

Another instance: One of the most prominent doctors in New York wrote a prescription which called for Fairchild's Phenolated Essence of Pepsine." The druggist made some mixture with creasote, and the patient's complaint of ill effects caused the doctor to investigate, when he discovered that liberties had been taken with his

prescription. Another case was when a physician ordered for an infant some food to be prepared by a method which we suggested by the use of Fairchild's Essence of Pepsine, and after repeated failures to carry out the physician's instructions, the party told the doctor he believed there was some mistake, and he was requested to see the druggist. The druggist was indignant, but refused to say what he had used, simply stating that he had dispensed just what the doctor ordered. A sample of the prescription was submitted to us and it took us but a few moments to discover the substitution and to convince the party that Fairchild's Essence of Pepsine would do just exactly what the physician wished to accomplish with it. The gentleman thereupon called upon the druggist, who then confessed and begged not to be exposed.

We have spent considerable time in following up just such cases as these, and we have now determined to take what promises to be a more effective line of action to protect our interests.—*Pharmaceutical Era, July 2nd*, 1896.

Passed in Military Surgery.

Deputy Surgeon General Ryerson has recently succeeded in passing the efficiency examination required by the Imperial War Office of all volunteer and militia surgeons in Great Britain, having first attended the course of instruction of the Volunteer Ambulance School in London. The examination comprised three parts, written, oral and practical drill, the latter with the men of the Army Medical Staff Corps, at the Guards' Hospital.

Surgeon Lieut.-Col. Harrison, brigade surgeon of the Guards, was president of the Board of Examiners.

The following questions which were set give an idea of the character of the examination :

FIRST PAPER—MILITARY MEDICINE AND ADMINISTRATION.

1. Give the staff and equipment of a medical officer of a unit in the field, on active service and in charge of troops at home.

2. Give the minimum number of cubic feet required per man (*a*) in permanent hospitals, (*b*) in detached wooden hospitals, (*c*) in barrack rooms, (*d*) in huts.

3. How are patients dieted at field hosptitals on active service? What clothing do they wear? How is washing done?

4. Describe the soldier's field dressing. How is it cared for?

5. State the regulations as to (*a*) care of valuables of sick, (*b*) arms and accoutrements.

6. Draw a sketch plan of a field hospital encampment, and describe the lines of assistance.

7. What should be the sanitary arrangements of camps (*a*) as to water supply, (*b*) latrines, (*c*) number of men sleeping in each tent, (*d*) ventilation, cleansing and airing of tents.

8. Give the distribution of a better company during an action.

9. What are the instructions for the examination of recruits and the grounds for rejection?

10. What are the instructions as to vaccination?

11. A man is taken sick, to whom does he report? What disposition may be made of him? In what reports and returns may he appear?

12. What is to be done in the case of several cases of pneumonia suddenly occurring? What precautions should be adopted?

SECOND PAPER—DRILL AND EQUIPMENT.

1. Describe Farris' stretcher.

2. Give words of command for changing numbers of stretcher squad—both modes.

3. Describe the formation of rifle and blanket stretcher, of other improvised modes of transport, and contents of the field companion.

4. What is the difference between "prepared stretchers" and "prepared stretchers for waggon loading."

Dr. Ryerson was presented by the D. A. G. for the A. G., at the levee held by the Prince of Wales for H. M. the Queen, at St. James Palace, on June 1st. On June 5th he went to Aldershot, where the entire Medical Staff Corps was paraded for his information, by order of F. M. Lord Wolseley, Commander-in-Chief. The system of instructing medical staff recruits and regimental stretcher bearers was carefully gone into, as also the various forms of wheeled transport. An exhaustive visit to the Royal Cambridge Hospital concluded a pleasant and instructive visit.—*Canadian Military Gazette.*

[The passing of this examination entitles medical officers to be placed on the reserve of the Imperial army. Dr. Ryerson has been appointed the representative, with full powers, in Canada of the National Society for the Aid of the Sick and the Wounded in War (British Red Cross Society). He returned from England early last month and resumed practice.—Ed.]

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Ontario Medical Council.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—In fulfilment of my promise to further discuss Council matters in the next issue of the MEDICAL REVIEW, I now proceed to answer the question: "What is the nature of the machinery, existing in the Medical Council, by means of which every proposition looking towards retrenchment, and every reform projected in the interests of the profession is promptly and inexorably voted down therein, and this in face of the fact that, with seventeen territorial representatives in a Council of only thirty members, the medical electorate *ought* to be able to completely control its executive?"

To thoughtful persons it has long been a matter of surprise that the atmosphere of the Medical Council chamber has, hitherto, proved to be so uniformly fatal to all individualism, to all personal independence of thought and effort on the part of its elected members; that the seats in the Council assigned to territorial representatives were, in effect, just so many Procrustean beds, the occupants of which had to submit to being stretched or curtailed to the standard or prescribed dimensions. Time and again, in the past, men of conspicuous intelligence and integrity, pledged to inaugurate important changes, have been elected to membership in the Council, and great things have been expected of their presence there; and yet, in some hitherto mysterious way, they have been promptly whipped into line and made so tame that they became afraid even to bark where they had loudly promised to bite. The *modus agendi* is no longer a mystery. It now transpires that this delectable result has, for years past, been secured by a method which is familiar to ward politicians and to secret organizations of the less reputable class, but which was not heretofore supposed to have found recognition or a place in any public incorporation in the province of Ontario. The Medical Council consists, it appears, of an outer and an inner circle. The latter is a secret junto which is summoned to meet one day earlier than the date on which Council's annual session opens. It is composed of the homœopaths, the appointees and some five or six territorial representatives who have shown themselves to be of such approved ductility that they have

either already been permitted to fill the President's chair or are encouraged to entertain the hope that, by patient well-doing, they may, intime, get there.

Here then is the *imperium in imperio.* In a Council of only thirty members we find an inner circle consisting of eight appointees, five homœopaths and five or six recreant territorial representatives, or say eighteen members in all, who meet in secret conclave and, as a ruling majority, conspire to defraud the profession out of its legitimate voice in the conduct of Council affairs. This junto confessedly determines who shall be President and who Vice-President, who shall form the Executive and Discipline Committees, who shall compose the Committee to strike all the Standing Committees, thus indirectly controlling the personnel and reports of these, even to the determination of appointments as Council Examiners, Returning Officers, and other salaried Council Officials. It is charged, further, that thus and here, in arcanum, is decided what changes, if any, shall be permitted in the Council by laws or sought for in the Ontario Medical Act, whether Micawber Castle shall be sold or retained, whether an assessment shall be levied and the coercive clauses of the Act enforced, how efforts at retrenchment may be most effectively frustrated, and, generally, how the whole business of the session shall be shaped to suit the extra professional interests by which the inner circle is inspired and controlled.

It may be said that this last charge must be largely of the nature of a mere surmise, or that, otherwise, the door of the lodge must have been less jealously tiled than it should have been. As the evidence is necessarily chiefly hearsay the latter may have been the case in this instance, but it is not likely to occur again. When every vote cast and every contention made by each individual territorial representative, during his term of office, is ruthlessly dissected and criticised, as they are sure to be sifted and examined by a competent analyst before the coming elections, it will probably appear that some of the weaker men in the Council have occasionally cast their votes inconsiderately, and that some have now and then voted with the majority, moved thereto, either by the vapid desire to be on the winning side, or simply, and even more reprehensibly, because they were overawed by number and combination. But no member who has attended the past two sessions of the Council, and who has attentively noted the votes and debates, and no intelligent reader who carefully peruses the proceedings as recorded in the Annual Announcement, can fail to observe that every reform attempted in the interests of the profession, and every proposition made to

curtail the Council's expenditure, whether such effort emanated from a Defence man or from an independent member, was unhesitatingly voted down by a solid block consisting invariably of the eight appointees, the five homœopaths and the same, always the same, five or six territorial representatives who are openly and defiantly hand and glove with these. The conviction irresistably follows that these matters had already been discussed and settled by the junto in camera. The charge, therefore, that this Inner Circle presumes to usurp the organic functions of the Council as a whole, and that it thus conspires to defraud the profession of its legitimate voice in the conduct of Council affairs is not merely a surmise. It is confirmed by the recorded yeas and nays of nearly every important vote taken in the Council. I do not aver, I do not think that every appointee in the Council invariably attends these secret conclaves. Indeed I was told by one of the most venerable and highly respected of their number that though summoned as usual this year, he did not attend, as he did not approve of such meetings. The fact, however, remains that even he was found uniformly voting with his seven congeners and the five homœopaths and the five or six territorial derelicts. In fact, I have no particular fault to find, in this connection, with the appointees or with the homœopaths. They are sent to the Council to look after the special interests intrusted to them, and it is to their honor that they do it effectively. That they have been smart enough or astute enough to use certain territorial assistance towards securing the ends they have in view, though undoubtedly unfortunate for the profession, is, in no sense, discreditable to them. And even in the case of the territorial representatives who have given them this aid I am quite willing to believe that very possibly theirs has been a mistake of the head rather than the heart; that they have never duly realized that so severe a construction could be put on their taking part in these preliminary meetings. With their votes and contentions in Council, in support of this alliance, it is quite another matter, but even here I have no desire to be unnecessarily severe. I would be loath to make the charges I have herein set forth on surmise, or on mere hearsay unsupported by collateral evidence of the strongest character. I write over my own signature, and I am quite willing to be held responsible for every word I indite. I shall be very much pleased to find any aggrieved member of the Council controverting what I say, or, over his own signature, traversing this or any other letter I may write for the Review, and I am quite prepared to justify my statements and my contentions, if they are called in question, in the next or in any future

session of the Council. As confirmatory of the charges I have ventured to make, and, as illustrative of the futility, under existing circumstances, of attempting to obtain from the Council even the simplest measure of justice on behalf of the profession, I propose discussing in my next communication the powers, composition and acts of the Executive Committee to which, practically, for fifty-one out of fifty-two weeks of the year, is intrusted the entire government of the profession. The Legislature has wisely given the medical e'ectorate a representation equal to three-fifths of the whole Council. Both last year and this, efforts were made to secure for the profession a proportionate preponderance in this ruling Committee. They were defeated by the aid of the Solid Phalanx, and it may prove both instructive and useful to show on what flimsy pretexts and by what vote this righteous change was refused.

My friends, Dr. Williams and Dr. Bray, who both belong to the Solid Phalanx, resent its being called an Inner Circle. They prefer that it should be termed a "Caucus." Well, sir, I am not disposed to cavil about words. If "a rose by any other name would smell as sweet," why should not this "machine" prove just as strongly odorous were we, for the nonce, to agree to call it a "Caucus." Howsoever we may designate it, its purpose, its methods and its effects remain the same. It was designed, and it is inexorably used to thwart the profession in its aspirations towards economy and self-government. It was designed, and it is inexorably used to stifle all fairness and independence in debate, and to freeze out or to snow under all individualism and fidelity on the part of the elected men in the Council. It is not a new creation, for Dr. Williams assures me that he found it in existence on his first election twelve or fifteen years ago. At that time there was no formal opposition in the Council and consequently its only possible object must have been to overawe any newly elected man, who might show some disposition to be independent, by keeping him out in the cold until he proved to be sufficiently compliant with the views of the ruling combination. Clearly, to call it a "caucus," from any supposed analogy between it and the political machine so entitled, is childish in the extreme. A "caucus" proper can exist only in connection with a body homogeneous as to its mode of election or appointment. The Council is a composite body claiming to exist as a compromise between its three rival or antagonistic interests. It embraces three distinct classes of members—elects, appointees and selects. For any two of these classes, with or without the aid of a few complaisant members of the other, to unite so as to place the interests represented by that other or

third class at the mercy of the Solid Phalanx would be treason, and is —however sweet the name with which it may be christened—an outrage on decency. Moreover, no "caucus," properly so called, can by any possibility degenerate into a cabal or into a conspiracy to render a solemn and important Act of the Legislature nugatory or void. Still, as I have already said, I do not care what epithet is applied to the Thing. Call it a ring, a secret junto, an inner circle, a solid phalanx, or an unholy league, clique, cabal, faction, conclave or caucus—the ugly fact of its existence, its object, its methods, and its effect, still remains, and, with it also remains the still uglier fact that, knowing its purpose and well aware that two-thirds or three-fourths of their associate representatives are rigorously excluded, except at the cost of independence and fidelity and self-respect, a few of the elected representatives of the profession, apparently, do not regard it as inconsistent with fealty to their constituents to be partners in and supporters of a compact which, I feel sure, the electorate has only to learn of to condemn.

One of my fellow members in the Council last session cudgelled out of his inner consciousness an explanation of why our efforts to secure the redress of wrongs in the Council have hitherto been so unsuccessful, which is so amusingly unique that I must crave your indulgence while, in my next letter, I devote a paragraph or two to him and to it.

Yours, etc.,

JOHN H. SANGSTER.

Port Perry, July 27th.

In Memoriam

(THE OFFICIAL ORGAN).

THE *Ontario Medical Journal*, as a standing menace to the profession, is no more. After lingering out an ill-starred existence of only a few years as a whip in the hands of the old Council, it died one day of dry rot. But in fairness to the departed it may be said that to the end of its life, which was not long, and to the best of its ability, which was not great, it defended many of the queer actions of its founders, and in some other respects it developed an undesirable hereditary taint. It lived without influence. It died with a groan. Requiescat in Hades.

J. BINGHAM.

Peterboro', July 22nd.

Book Notices.

Manual of Obstetrics. By W. A. Newman Dorland, A.M., M.D., Assistant Demonstrator of Obstetrics, University of Pennsylvania, etc., etc. With 163 illustrations in the text, and 6 full-page plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896. Price $2.50.

This is a well written book of 736 pages, which will prove useful as a text for students, and a concise reference work for practitioners. It is particularly well adapted for students who desire to review their work before examination.

* * *

Practical Points in Nursing, for Nurses in Private Practice. With an appendix containing rules for feeding the sick, recipes for invalid foods and beverages, weights and measures, dose list, and a full glossary of medical terms and nursing treatment. By Emily A. M. Stoney, graduate of Training School for Nurses. Illustrated with 73 engravings in the text, and 9 colored and half-tone plates. Philadelphia: W. B. Saunders, 925 Walnut Street. 1896. Price $1.15.

The author has explained in popular language and in the shortest possible form the entire range of private nursing as distinguished from hospital nursing. The work has been divided into sections as follows: 1. The nurse, her responsibilities, qualifications and equipments. 2. The sick room, its selection, preparation and management. 3. The patient, duties of the nurse in medical, surgical, obstetrical and gynæcological cases. 4. Nursing in accidents and emergencies. 5. Nursing in special medical cases. 6. Nursing of the new-born and sick children. 7. Physiology and descriptive anatomy. This is an excellent work, which covers its special line judiciously and clearly.

* * *

Among the notable series of articles announced by *The Open Court* for the current year is Count Leo Tolstoi's "Christianity and Patriotism," a searching and luminous sketch of the origin of patriotism in European countries, and of the methods by which it is fostered and perverted by governments for the attainment of their selfish ends. Count Tolstoi regards the sentiment of "patriotism," so-called, as incompatible with Christian notions, and gives in justification of his views a profound analysis of the fixed and irrational habits which

support despotic governments. The publication of the articles, which were written on the occasion of recent demonstrations in favor of the Franco-Russian alliance, was interdicted in Russia, although they appeared in the Russian language. Count Tolstoi's utterances, while to some they may seem surcharged with his own peculiar views of Christian anarchism, nevertheless contain matter which may be taken to heart by all nations. The series will begin immediately. The same journal announces a rare novelette by Richard Wagner, where the great composer clothes his philosophy of music in the vestments of romance, and later a translation of the famous portraiture of Luther by Gustav Freytag. (Yearly, $1.00. The Open Court Publishing Co. : Chicago and London.)

Selections.

Creolin.—This popular antiseptic agent has been generally accorded entire freedom from toxic effects, but, in the light of some recent experiments upon lower animals, this superiority must be called in question. Professor Hobday, of the Royal Veterinary College, England, reports in the *Lancet* that two ferrets subjected to applications of the drug, diluted with water in the proportion of two ounces to a quart, died in half an hour. Subsequent investigation proved it to be an irritant and narcotic poison to both dogs and cats, especially when applied over a considerable area of the body. Such a report emphatically suggests caution in treating extensive wounds upon the human body with creolin as a dressing.—*Medical News.*

* * *

Payment of Physicians.—What fools these mortals be! In no profession aside from medicine is it the custom not to expect prompt payment for services rendered, and yet how many professional men infuse even an iota of business methods in the collection of their accounts? Because, forsooth, certain professional men, born with gold spoons in their mouths and therefore not obliged to give thought to the morrow, have set the custom of rendering quarterly, half-yearly, or even yearly accounts, the rest seem to follow like so many sheep, for fear of antagonizing patients. All this is wrong and inconsistent with those business methods which are at the bottom of successful bread-making. Only the man with ample capital can afford to wait six months for payment of accounts.—*American Medico-Surgical Bulletin.*

THE DOSE OF IODIDE OF POTASSIUM.—There are some physicians who believe that to obtain the most beneficial, permanent and immediate results from the administration of iodide of potassium, it is necessary to prescribe large doses ranging from five to ten and gradually working up to fifteen and twenty grain doses given from one to three times a day. Other physicians believe that one grain and from that down to one-half and one-fourth grain will accomplish as much and be less apt to induce unpleasant results. There is no need of going to extremes, but it does seem that one grain of iodide of potassium and possibly one-half grain will certainly produce the therapeutic action of the drug. Much depends upon the constitutional condition of the patient, and to a great extent it is the question of individual consideration, but the physician who administers unnecessarily large doses of any drug, doses which he would not wish to take himself, is doing wrong. We hope the time will soon come when this apparent competition to see who can administer the largest doses of certain drugs will cease to exist. In iodide of potassium, creasote and several other common drugs, many physicians exhibit peculiar interest in reporting the administration of large doses, and these reports representing in themselves something original, go the rounds of the press and stimulate other physicians to take a hand in the competition.—*N. Y. State Medical Reporter.*

* * *

DR. GOWERS ON EMPIRICAL THERAPEUTICS.—In a recent address Dr. Gowers, in speaking of the use of drugs, claimed that the best of our still-used remedies were empirical or chance discoveries: "We smile at the popular herbal remedies. But it is to these that we owe the majority of our most useful drugs. I cannot conceive a therapeutist surveying a list of the chief drugs on which we depend in our daily work—and do not depend in vain—without a sense of wonder and perhaps of humiliation. We disinfect our rooms with burning sulphur; and so men did before the time of Homer. We purge sometimes with rhubarb, especially when some subsequent astringent influence is desirable, and so did the old Arabians for the same special reason. The value of castor oil in its chief use was familiar, probably for ages, to the natives of the East and of the West Indies before it was made known in Europe by a physician from Antigua one hundred and fifty years ago. Aloes was employed in the same way long before the time of Dioscorides and Pliny. The knowledge of the influence of ergot in parturition we owe to the peasants of Germany, and the use of male fern for tapeworm goes back to the

old Greeks and Romans. The employment of mercury in syphilis by inunction and fumigation, which our nineteenth century therapeutists regard with such satisfaction, seems to go back to the time of the crusades, and it is said that its use can be traced in Malabar as far back as the ninth century. Podophyllum as a purgative we owe to the North American Indians. If we go through the list of all the drugs on which we most rely, we find a similar story. Even in the case of those which are the latest additions to our resources, we find that, with very few exceptions, their use arose from what we must regard as pure empiricism. It was by accident that the local anæsthetic influence of cocaine was discovered."—*Boston Medical and Surgical Journal.*

* * *

Sir J. Russell Reynolds as a Consultant.—In an extended obituary of Dr. Reynolds, the *British Medical Journal* gives the following account of his qualities as a consultant: "He was remarkable for the courteous consideration and shrewd kindliness of his manner not less than for the painstaking study which he gave to every case. He was not led by his unsurpassed experience in all forms of nervous disease or by his keen diagnostic acumen to come to a hasty decision. He seemed to have ever before him the idea that he was called not merely to make a diagnosis, much less to write a prescription, but to advise the individual patient what he or she could best do to regain health or to diminish suffering, and what changes in the environment, mental, emotional, or physical, were most likely to achieve this end. No doubt these are objects which we all have in view, but Reynolds seemed to make them the guiding principle of his practice, and the personal interest which he really felt was quickly perceived by his patients. To many of them he was something more than a 'doctor;' he was the strong guide which led them back to a clearer-sighted and calmer view of life, and its possibilities and duties. As a teacher and hospital physician he displayed the same qualities. His love of precision, order and classification in dealing with scientific questions, perhaps also a rooted conviction that clinical insight was only really to be gained from patient personal study of the individual, prevented him from ever seeking success as a clinical lecturer. Though far from a sceptic in matters of therapeutics, like some of his most distinguished contemporaries, he yet appeared to have an almost instinctive aversion to generalizations as to treatment. Each patient must be considered by himself and treated individually, not merely as one of a class."

Miscellaneous.

In cases of pernicious, progressive anæmia in young girls, no matter from what cause, Dr. Mary Ward Mead, Camden, Ill., writing says: "The arrest of development of the generative organs retards cure. I am early on the track for a speedy development in those slow puberty cases; and when I see the dormant spot puff for a mammary gland I know that restoration will surely follow, and to arouse this slumbering, sympathetic and vaso-motor system, sanmetto is truly great."

* * *

Oxford, Pa., July 24th, 1896.

S. H. Kennedy,

Dear Sir,—You remedies are certainly par excellence in diarrhœa, especially the old army diarrhœa, as I treated an old soldier with it who told me that he had tried all the professors in Philadelphia and New Jersey, and never till I gave him your "Quercus Alba" did it tell him anything. I have had quite a run on chronic diarrhœa in army life.

Yours, etc.,

D. A. Stubbs, M.D.

* * *

Turn the Rascals Out.—It is to be regretted that any firm of manufacturing chemists whose methods and dealings with the drug trade have always been fair and considerate should find it necessary to protect themselves against the unprincipled substituter, as explained elsewhere in this issue. It is hard to believe the testimony which Fairchild Bros. & Foster have gathered against retail druggists, who have substituted other preparations when Fairchild's was distinctly ordered by physicians. We fail to comprehend what a druggist is thinking of when he permits such practices behind his prescription counter. Where is the profession of pharmacy drifting to if it has gotten to that point that a physician cannot depend upon a druggist filling his prescriptions with what is ordered? We should discredit these reports if they came from a less responsible source. Such practice if continued will work untold injury to the credit and standing of the entire pharmaceutical profession. Physicians are constantly claiming that one of the principal reasons why they handle their own medicines is that they are then sure of what they are administering. Any such wholesale accusation against the integrity of druggists is as

unjust as it is untrue. There are thousands of conscientious, upright, honorable pharmacists, who would no more think of substituting in a prescription than they would of trying to pass a counterfeit bill. It is unfortunate that reflection must be cast upon these honest druggists by the acts of their unscrupulous brothers, but all of this hue and cry on the part of manufacturers about substituting cannot be ignored. Where there is so much smoke there must be some fire. Fairchild Bros. & Foster, by their action, place the charge where it belongs, and this cannot fail to benefit honest dealers. Every honest druggist owes it to himself and his profession to speak plainly on this subject. He should adopt the most strict rules for his own establishment; improve every opportunity to condemn the practice of substituting, and see that resolutions to this effect are passed by his local, State and national associations. Each druggist should make it a point to give his physicians and his customers to understand that when a prescription comes in to his establishment, it is filled with exactly what it calls for. There can be no middle ground, no compromise, no question on this point. Physicians who prescribe them and the manufacturers who make the goods must have no good cause for such complaints. The honor of the drug trade demands that this stigma be removed. It is not a question of dollars and cents alone, but professional honor is at stake, and we know that every honest pharmacist will join with us in the statement that the druggist who substitutes in his prescriptions is a disgrace to his profession.—*Pharmaceutical Era, July 2nd*, 1896.

* * *

The Fifteenth Annual Announcement of the New York Post-Graduate Medical School and Hospital has just been issued. Five hundred and forty-two physicians from all over this continent have attended the courses at the institution during the past year. More than one thousand operations were performed in the hospital, which is one of the largest in the city, containing special wards for babies and children, while nearly twenty thousand patients were treated in the out-door department. Recent discoveries have revolutionized medical and surgical methods, and a man whose medical education ended fifteen years ago is not a physician or surgeon within the present meaning of the term. Post-graduate medical instruction is for the purpose of furnishing to these graduates in medicine a means of refreshing their knowledge. It supplies them with the opportunity of coming in direct contact with disease by means of special courses in all the departments of medicine.

The Medical Times and Hospital Gazette, London, May 30th, 1896, speaks so favorably of its experience with the American analgesic, antipyretic and anodyne, a preparation the medical profession has become accustomed to regard as one of the certainties of medicine, that we reprint below its words of approval, knowing them to be in accord with the consensus of opinion as expressed by the medical men in this country. "Antikamnia—under the above name, a free translation of which is 'opposed to pain'—now being introduced to the profession in the United Kingdom is an analgesic, antipyretic, and anodyne drug, which has already gained a high reputation in the United States. It is a coal-tar derivative, and belongs to the series which form the various amido compounds. It differs therapeutically, however, from most coal-tar products in producing a stimulating, instead of a depressing action on the nerve centres, especially those acting on the heart and circulatory system; hence, it may be administered, even in large doses, without fear of producing collapse and cyanosis, as occasionally occurs after the administration of antipyrin and other similar analgesic compounds. It has been very largely used in influenza, hay fever and asthma, with good results; but its most markedly beneficial effects are experienced when administered in neuralgia, rheumatism, sciatica, headache and pain due to disorders of menstruation. As an antipyretic, it is recommended to be given in doses of from five to ten grains every ten minutes, until the temperature has been reduced, or until forty or fifty grains have been taken, after which the remedy should be given at intervals of greater length. To relieve pain it is recommended to begin with a five-grain dose; three minutes later the same dose to be repeated, and, if the pain continues, a third dose to be given a few minutes after the second. In our practice we have not found it necessary to give the remedy at such short intervals. In the treatment of neuralgia and headaches we have had satisfactory results from giving five-grain doses at intervals of ten to twenty minutes, until three or four doses have been taken. We may add that the drug is sold in tablets (three and five-grain sizes) as well as in the powdered form. The former may be swallowed whole, or crushed and dissolved in glycerine and water, or in an alcoholic menstruum. The powder is conveniently given in cachets, or dissolved in a little wine or aromatic tincture, combined with glycerine or syrup. The drug is deserving of trial, and those among our readers who have not yet tested it should write for a sample."

During Lactation WYETH'S LIQUID MALT EXTRACT is particularly beneficia . It is a most agreeable and valuable nutrient, tonic and digestive agent, containing a large amount of nutritious extractive matter and the smallest percentage of alcohol found in any liquid preparation of malt.

MEDICAL OPINIONS UPON.....

Wyeth's Malt Exract.

KINGSTON, ONT., Feb. 27th, 1896.

"Wyeth's Liquid Malt Extract, I think, is a very excellent preparation. One great advantage is the pleasant taste. M. SULLIVAN, M.D. (Senator).

"MESSRS. JOHN WYETH & BRO,—I have used your Liquid Malt Extract, and am highly pleas d with it. In cases of mal-nutrition where Malt is indicated, its action is satisfactory. Especially during lactation, however, when the strength of the mother is deficient, or the secretion scanty, its effect is highly gratifying. Its reasonable price brings it within the reach of all."

A. A. HENDERSON, M.D., Ottawa.

ST. ANNE DE LA PEARADE, Nov. 27th, 1895.

"I cannot recommend too highly Wyeth's Liquid Extract of Malt in convalescence from puerperal fevers, in fact, it is the only tonic that I find good.

FRS. A. MARCOTTE, M.D.

Dr. J. LESPERANCE, St. Denis St., Montreal, tells us that he can express no higher opinion for Wyeth's Extract of Malt than to say that he has at present some sixty patients using it.

"In Wyeth's Extract of Malt I believe you have produced an article the want of which was felt, and that it will prove a great benefit to convalescents, and those of weak digestive powers. I will gladly recommend it in suitable cases."

E. H. T., M.D., Montreal.

DR. A. R. GORDON, Toronto, writes: "Messrs. John Wyeth & Bro., I write you regarding your Liquid Malt Extract, and congratulate you upon its merits, and may say that during the past year I have ordered in the neighborhood of thirty dozen of same, besides my prescriptions. Have been highly satisfied with its effects."

DAVIS & LAWRENCE CO. (LTD.), - - MONTREAL,

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Fellows' Hypophosphites.

(SYR. HYPOPHOS. COMP. FELLOWS.)

To the Medical Profession:

In submitting to you Fellows' Compound Syrup of Hypophosphites, permit me to state four facts:

1st. The statements contributed are founded upon experience, and I believe them true.

2nd. This compound differs from all hitherto produced in composition, mode of preparation, and in general effects, and is offered in its original form.

3rd. The demand for hypophosphite and other phosphorous preparations at the present day is largely owing to the good effects and success following the introduction of this article.

4th. My determination to sustain, by every possible means, its high reputation as a standard pharmaceutical preparation of sterling worth.

PECULIAR MERITS.

1st. Unique harmony of ingredients suitable to the requirements of diseased blood.

2nd. Slightly Alkaline reaction, rendering it acceptable to almost every stomach.

3rd. Its agreeable flavor and convenient form as a Syrup.

4th. Its harmlessness under prolonged use.

5th. Its prompt remedial efficiency in organic and functional disturbances caused by loss of nervous power and muscular relaxation.

GENERAL EFFECTS.

When taken into the stomach, diluted as directed, it stimulates the appetite and digestion promotes assimilation, and enters the circulation with the food—it then acts upon the nerves and muscles, the blood and the secretions. The heart, liver, lungs, stomach and genitals receive tone by increased nervous strength and renewed muscular fibre, while activity in the flow of the secretions is evinced by easy expectoration following the stimulant dose. The relief sometimes experienced by patients who have suffered from dyspepsia is so salutary that they sleep for hours after the first few doses.

The Chicago College of Ophthalmology and Otology, of Chicago, Illinois, U. S. A., has just issued its nineteenth annual prospectus. This college was incorporated under the laws of the State of Illinois, January 25th, 1878, for the higher education of physicians and students in the science of ophthalmology, otology and co-lateral branches, to confer the degree of "Oculist and Aurist," and to grant suitable diplomas for proficiency in these special branches of medicine and surgery. The alumni of the college will learn, with pleasure, of its continued and advancing prosperity, which has never promised so great success. In former years the faculty gave but one session of lectures annually, beginning about September 1st, and continuing five months. One lecture was delivered each evening to the senior students of the various medical and post-graduate schools throughout the city. The college began some years ago to give consecutive sessions during the entire year, so that students and practitioners can now enter at any time and be continually at work with clinical material or attending lectures or surgical operations upon the eye and ear from 9 a.m. to 6 p.m. daily (except Sundays). This arrangement will meet with the hearty approval of the busy physician who has but a limited time at his disposal, and physicians who desire to attend during their vacation will find that these short and steady sessions fulfil their requirements. While didactic lectures are deemed necessary and of great value in teaching certain subjects, they will be substituted, when practicable, by clinical lectures and demonstrations upon the material presented in the free dispensary. All the departments of the college are in continuous session throughout the entire year, but during the summer months a special course of lectures, illustrated with operations, will be given upon subjects representing the most important progress and new methods of treatment in ophthalmology and otology during the past year. This is the only duly incorporated eye and ear college in America devoted exclusively to the science of ophthalmic and aural diseases, and authorized to issue diplomas by the express will of the State. The higher degree of "Oculist and Aurist" will be conferred upon candidates who have pursued a full course and passed a satisfactory examination, and in addition to the ordinary diploma of the college a certificate of attendance upon all the subjects of the course will be given to all students as shall have attended a full session and passed a satisfactory examination on all studies of the same. Dr. James S. Steele, the Secretary, will answer all letters addressed to him at 3111 Indiana Avenue, Chicago, Ill., U.S.A.

The Canadian Medical Review

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Original Communications.

Occipito-Posterior Positions.*

BY ALBERT A. MACDONALD, M.D., TORONTO.

ON this side of the Atlantic so much has been written on this subject during the past few years, and so many different opinions have been expressed, that I have been impelled to add my experience and testimony as to the efficacy of a plan of treatment which, though by no means new, has not been carried out with sufficient accuracy in many of the recorded cases.

At the very outset there is a decided variance of opinion as to the frequency of the cases—some writers bringing statistics to their aid in the endeavor to show that the position is rare, whilst again others seem to prove the reverse. I believe there is a want of closeness of observation in at least some instances, for it seems that due credit is not given to nature for the cases in which turning takes place during descent of the head so that what started as an occipito-posterior position ends as an occipito-anterior. However this may be, the

* Read before the Ontario Medical Association, at Windsor, June 5th, 1896.

position under consideration occurs with sufficient frequency to keep us always on our guard, and is of importance enough to warrant us in putting forth all our energies in its treatment.

With regard to the gravity of these cases, though in Sir James Y. Simpson's work, in 1856, he said: "Occipito-posterior positions seem on the whole to require somewhat greater time than occipito-anterior positions; the difference, however, is so inconsiderable as not to invalidate in even the slightest degree what I have already stated regarding the perfect safety and facility with which unaided nature is capable of finishing the labor in this common class of cases," there are many of the present day who think differently. It may be that our patients are not so strong, or so tolerant of pain, or it may be that as we become more familiar with the refinements of our art we are less able to wait calmly, and see our patients suffer, when we know that relief can be quickly and safely given.

In an article in the March, 1895, number of the *Buffalo Medical and Surgical Journal*, Penrose is quoted as saying: "If I were to be asked what one obstetric difficulty in my experience had caused most maternal and fœtal deaths, what one had caused most maternal and fœtal accidents, not necessarily fatal—accidents, however, making the rest of life worthless, or still worse than worthless, a tragedy—I think I would say occipito-posterior positions, where the occiput had rotated into the hollow of the sacrum, and which had been improperly treated." Strong words are these, and yet he is not alone in his opinion. Only quite recently (September, 1895)* a case was reported by Dr. A. F. Currier where both mother and child died from this position, though this case indicates very well the mode of treatment as taught and practised by many men of the present day—namely, to endeavor to rectify the malposition by manual interference; this failing, apply the forceps and pull hard and long. Neither in the report itself nor in the discussion of it which is found in the Transactions of the New York Obstetrical Society, is there one word about anæsthetics. At this distance, though I am free to admit that it is more easy for us to criticise the acts of others than to be always right ourselves, still I feel that at least some mention should have been made of anæsthesia as a helping agent in these cases, as well as in many others of malposition or difficulty in delivery.

Herman, in his recent work on "Difficult Labor," divides occipito-posterior positions into easy and difficult ones. The former he terms bregmato-cotyloid, and in them the head is well flexed, so that the

* *American Journal of Obstetrics and Diseases of Women and Children*, page 423.

bregma, or anterior fontanelle, lies opposite the acetabulum—"the occiput comes down, meets the resistance of the pelvic floor, and by this resistance is pushed forward, so that it turns opposite the sacro-iliac synchondrosis under the pubic arch. The abnormal position with the occiput behind is changed into a normal one with the occiput in front. When this rotation has taken place the labor ends just as if the occiput had been in front from the beginning, and no special assistance is called for. Fortunately the majority of cases of vertex presentation with the occiput behind end in this way."

In the other group of cases the head is not well flexed, and then, instead of the anterior fontanelle being opposite the acetabulum, the frontal eminence is opposed to it. These cases are called fronto-cotyloid.

It is not within the scope of this paper to take up the causes of imperfect flexion of the head in these cases. I may merely mention that the chief causes are the relations of the axis of the uterus and of the pelvic brim, and that the greatest transverse diameter of the head is behind the centre—that is to say, the bi-parietal diameter is behind the oblique diameter of the brim in a part where there is less room for it than would be the case in an occipito-anterior position. So if the child's head is of fair size it does not come down so readily, flexion is retarded, or even extension may be favored, and labor is rendered difficult.

There are other causes, such as a very large or very small head, excessive liquor amnii, or deformity of the pelvis, but those above mentioned are the most common in normal-shaped pelvises—and also they are the ones that we should fully understand in order the more readily to apply successfully the earliest and best means of giving relief.

Now, with regard to treatment of these cases. Let us first make an accurate diagnosis; and here permit me to say that I find it impossible in some cases to make an accurate diagnosis by the fingers alone, or even by the fingers on the head of the child aided by palpation with the other hand outside. I know that some obstetricians claim that diagnosis in these cases is easy, but for my part I prefer to be sure, and if there is any obscurity I give chloroform, and after having the parturient canal thoroughly cleared, the aseptic hand is anointed and passed gently into the vagina and even into the uterus if necessary, when not only the exact position is noted, but also the condition of the cervix and other parts of the parturient canal. If then the occiput is found towards the back, the malposition can be rectified by grasping the head and turning it toward the front, converting the position

into O.L.A. or O.R.A. as the case may be. The body of the child may be rotated also if necessary, but this may not be required in every case as the amount of rotation of the head is not great. This all sounds very easy, and indeed it is often as easy as it seems if due judgment is used as to the time of interference. If the malposition is suspected, and if the membranes are left intact until we are ready, the moment the patient is completely under the anæsthetic the hand is inserted, the membranes ruptured, the hand pushed on at once before the liquor amnii has had time to flow away, and the head may be grasped and turned. There are cases where the parts are dilated and the waters have escaped. Perhaps our assistance has not been sought until the head has become jammed into the pelvis by fierce pains or by ineffectual efforts at extraction with forceps in the hands of unskilled attendants, for we are forced to admit that such exist though fortunately they are rare. Even where such unfavorable conditions exist, if we take off all pressure from above by the full use of chloroform—which, of all anæsthetics, I prefer in obstetric cases—the head, and in fact the whole body, of the child may be pushed forward and rotated into a favorable position, and held there whilst the forceps are applied by pushing a blade along the palmar side of the hand—then the forceps are correctly applied and locked without undue haste or delay. By way of illustration, I may be allowed to quote from my note book short accounts of my O.L.P. cases in private practice since January 1st, 1896.

February 19th, 1896. Mrs. H——, aged 27 ; normal pelvis ; second pregnancy. Had a considerable amount of mitral stenosis, and during the period of gestation her suffering from palpitation, cough, shortness of breath and congestion of the lungs gave her great distress and caused much anxiety to her medical attendant. I need say little of this case. The chloroform was administered by Doctor Allen Baines. It acted like a charm, steadying the heart's action and giving fulness and strength to the pulse. The presentation was occiput to the left posterior, with full flexion. As soon as anæsthesia was complete the difficulty was over and the head could be turned in any direction.

February 20th, 1896. Mrs. O——; multipara; healthy. Some years ago she had a ruptured perineum and rectocele, which I repaired, and the repair stood the test of this labor. I saw her during the early part of the night of the 19th, but at the time could not be sure of the presentation. Labor was tedious. At 8 a.m., the os being dilated, I found an O. L. P. presentation. I again called upon Doctor A. Baines to verify the position and to give the chloroform. Under

complete anæsthesia I passed my hand into the uterus, pushed the head above the brim, gave it a quarter turn into the O.L.A. position, producing flexion at the same time and passing the shoulder with one hand outside and one within, so that the shoulders would correspond to the new position of the head. Forceps being applied, delivery was easy and rapid. Puerperium normal.

Mrs. T——; multipara; aged 33; pelvis narrow in front. Had always had difficult labors, but anterior presentations of the occiput until this time. Labor pains commenced April 24th, and lasted off and on until the 27th, when I found the os dilated, membranes ruptured, presentation O. L. P. above the brim and with no tendency to engage. Called Dr. J. Lesslie, who gave chloroform and also examined to verify my diagnosis of the presentation. Under complete anæsthesia I pushed the head up clear of the brim, turned it occiput to the left front, flexed the head, and rotated the body of the child on its axis so as to correspond to the new position of the head. Without withdrawing the hand I passed the forceps along its palmar surface, in this way being sure that the head did not rotate back to its old position. Delivery was easy and rapid. Recovery uneventful.

May 12th, 1896. Mrs. O——; primipara; attended by Dr. J. Russell, who had been with her about twelve or fourteen hours. On being called I found the os dilated, membranes intact—presentation bregmato-cotyloid. In this case it is possible that the head might have turned itself if the woman could have borne the pains long enough; but as the parturient canal was large enough, and the strength of the patient was nearly exhausted, I advised immediate delivery. On complete anæsthesia being produced, I ruptured the membranes, pushing the hand at once up, giving a quarter turn to the head, and producing flexion. The body of the child did not rotate completely. When pulling with the forceps I found that the head would not come down readily; it had rotated back to its faulty position. I removed the forceps, introduced the hand, turned the head again to the O. L. A. position, made sure that the body followed completely to the new position, reapplied the forceps, and delivered without any undue force. This case illustrates very well the facility of delivery in the O. L. A. position and the difficulty of the O. L. P.

The cases above cited are enough to illustrate the method of manipulation which I consider to be the best. And again, whilst thanking you for listening to my remarks, I remind you that nothing new is claimed. You will find everything I have said in the various recent journals, and indeed very much of it in some of the old and discarded obstetrical works. The chief point which I wish to bring

clearly forward is that where everything is aseptic there is no danger in introducing the hand and in pushing up and turning the head of the child to a new position and rotating the body of the child upon its axis—provided that complete relaxation has been produced by anæsthesia.

By early diagnosis and by treating our cases on this plan with care and intelligence, not only will much time and suffering be saved, but occipito-posterior positions in labor will be robbed of much of their terror.—*Medical Age.*

Mammary Carcinoma.*

BY DR. A. B. WELFORD, WOODSTOCK.

It is always a great privilege, and equally a pleasure, to be permitted to take part in the proceedings of a medical association like this. We younger men do not object to be set up as a target for the unerring aim of the more skilled marksmen ; and we take this consolation out of the situation, that the hotter and better directed are the shots, so in proportion do we benefit by the indelible effects upon our memories, to be stored away and brought forth in time of need, when calm shall have once more reigned, after our return to our quiet country villas.

In preparing a paper on such an important subject as Mammary Carcinoma, I recognize the gravity of the situation—my own weakness to do anything like justice to it, and an honest desire to understand more thoroughly how to handle our cohorts against such a persistent and insinuating enemy. I hope that the discussion on the admirable paper we have just heard will be full and general, so that as much new light as possible may be thrown upon this subject.

The mortality, as compiled from the Registrars' reports of Middlesex, St. Bartholomews, University College and St. Thomas' Hospitals in pre-antiseptic amputation of mammæ, was 17 per cent.—nearly as high as major amputations of the limbs—being reduced to 6 per cent., and by one operator to 2.5 per cent. during the antiseptic period. Referring to these progressively favorable results, Billroth says, " I should not be surprised if an experienced operator were to succeed in doing one hundred consecutive extirpations with but a single death." The mortality, where the entire gland and axillary contents are removed, is 10.8 per cent., compared with 6.3 per cent. when the diseased breast is alone removed.

*Read at meeting of Ontario Medical Association.

Mr. Watson Cheyne says that, allowing for accidents, intercurrent diseases, etc., he does not think that the mortality in complete removal should be more than from 2 to 4 per cent. The highest per cent. of cures—calling those cases cured in which there has been no recurrence up to three years after operation, is twenty to twenty-five. This is the result of American statistics, collected by Dr. Wm. T. Bull, of New York. The same author says, "That in comparison with this per cent. of cures may be placed in striking contrast with the fact that in his ten cases, where the operation had only been partial, all died of recurrence at an average period of thirty-four and a half months."

The above facts show us at a glance that there is a great disproportion in the reduction of the mortalities between operative procedure and that resulting from recurrence of the disease. In the former, the reduced mortality is easily accounted for through antisepticism, asepticism, and greater perfection in the surgical art. But what is the cause of the high mortality from recurrences? Is it because the disease is so insidious in its nature? That it is so hard to recognize early? Is it because we delay too long in advising removal, even after diagnosis has been established? Do we not too often leave it to the will of our patients to decide, who cannot understand the dangers as well as professional men? Or, is it due to a faulty operation? Perhaps it is a combination of these. When we consider that nearly 90 per cent. of all mammary tumors are carcinomatous, the benefit of the doubt should be given to the procedure of early removal.

If the theory of Jonathan Hutchinson be accepted, that cancer is not due to any special material introduced from without, but that it is simply a modification of the tissues which occurs in chronic inflammatory action; then may it not reasonably be possible that in tissues which are in a favorable condition of degeneracy, the ordinary process of healing and its necessary irritation should be productive of the same state of affairs as that for which the operation was performed? May this not be a cause of recurrence in the wound scar, as well as a piece of gland or affected tissue that had been overlooked in removal?

It is true that in former days, when the growth was near the axillary border, and it was not the custom to remove the axillary glands or the entire breast gland, that the greater number of recurrences were in the axillary glands, and not in the breast tissue; but in those cases where the disease was situated towards the sternal margin of the gland the recurrences were generally in the residuary breast gland,

and subsequently in the axilla. This is what we would naturally expect, if we consider the manner of the circulation in the lymphatics, which is from the sternal to the axillary part, from the deeper gland lymphatics to the subcutaneous area surrounding the nipple, and then outward to join the other axillary ones, and also outward through the subglandular lymph canals in the pectoral fasciæ. This fact is a strong argument why all breast tissue, pectoral fasciæ (muscles, if necessary) and axillary contents should be removed freely. In the present age of asepticism and clean surgeons, are we making a desirable progress in our attempt to get primary union in breast amputations? Is there not too great a tendency towards cosmetic effects and too much conservatism in removing skin and other structures which are diseased?

There can be no doubt that where recurrences have taken place they have appeared at a much earlier date after primary union than where healing has been done by open wound granulation. I have never had a better result in any of my cases than my first breast amputation, which was a large ulcerating scirrhus of the left breast. The skin was brawny and adherent, the tumor was also adherent to the muscles beneath, and extended to the extreme sternal end of the gland; the axillary glands were as large as walnuts, and the case was apparently a very unfavorable one. The entire gland was removed along with the two pectoral muscles and superficial layer of the external intercostals, the fasciæ covering the serratus magnus, the axillary glands and fat, and the whole surface of the skin, excepting the anterior axillary fold, leaving a large gaping wound more than eight inches in the vertical diameter. No attempt was made to unite the edges, excepting by adhesive strips. The wound took thirteen weeks to heal, assisted by skin grafts. The patient, when last seen two weeks ago, was in good health, being sixteen years since the operation, and capable of doing all the work that devolves upon her as a farmer's wife. A conservative could not stand up against a liberal in this case.

When we consider the anatomical distribution of the mammary lymphatics, being sub-areolar and sub-glandular, and also the direction in which the lymph flows, we can well afford, in the interests of our patients, to sacrifice a large area of skin, the entire gland, which is much more extensive than is generally believed, the pectoral fascia, that also covering the serratus magnus, the axillary glands, with their bed of fat and the fascia and fat lying between the pectoral muscles.

A very reliable and simple means is suggested by Mr. Stiles, of Edinburgh, for testing, during the removal of a carcinomatous breast,

whether you have entirely removed all gland and diseased tissue. Thoroughly wash away all the blood from the removed parts, immerse in a 5 per cent. solution of nitric acid for five minutes, and then wash in clean water for five minutes. If there be any gland tissue or epithelial masses at the cut surfaces, they will appear as dull white patches or spots, whereas the fat becomes quite yellow in comparison, and the connective tissue a semi-transparent, waxy appearance. By this means you will see at once if you have left any diseased or normal gland structures behind. I have tried this method several times, and found it most useful and satisfactory. Nevertheless, with all the improvements in surgical technique, a better understanding of the pathological conditions and physical features of this dread disease, a greater willingness on the part of patients to submit to operation, I am sorry to say I am not able to show a better result than 50 per cent. of fatal recurrences in the twelve cases upon which I have operated: Cases, twelve; six recoveries, six deaths. Out of twelve operations, six died from recurrence of the disease. Of the six who died, the shortest interval between operation and death was one month; the longest, five years. The average lease of life in these cases was one year six and a half months. Of the remaining six, who are still alive, the shortest time since operation is three years, the longest is sixteen years, with no signs of recurrence in any one of them.

It is, perhaps, too tedious to refer to individual cases at length, but the rarity of the following is my excuse for the digression: In speaking of the possibility of secondary deposits in the brain from primary breast carcinoma, a patient of mine, and the last one operated upon, presented very interesting and rare symptoms, and in all probability adds another proof to the series in the production of diabetes insipidus by pressure or irritation of a definite course lesion in the floor of the fourth ventricle.

Miss B., age 81, had a small scirrhus nodule a little above and to the right of the left nipple, of two and a-half years' duration, which was giving her great pain. The axillary glands did not seem to be affected. There was great thirst, and large quantities of urine being passed, from seventeen to twenty pints daily; temperature, normal; and other symptoms generally found with polyuria. The tumor, breast and axillary glands were removed, the latter being distinctly infiltrated. The wound healed nicely after operation, the urine gradually began to diminish, until before death took place it was down to four pints in twenty-four hours. Considerable nausea and some vomiting continued every day, and at the end of two

weeks increased. She gradually became drowsy; temperature, subnormal, respiration slowed; pulse, feeble and varied between 109 and 140; she could be roused, and talked rationally at times; pupils equal. Three days later the drowsiness deepened into coma; pupils became unequal, left much dilated, when death ensued. No post mortem could be obtained; but the case was so identical with one reported in the London *Lancet*, October 11th, 1890, page 767, under the care of Mr. Walsham, that I feel fairly convinced that we had a case of secondary deposit in or near the floor of the fourth ventricle, as in Mr. Walsham's case it was verified by post mortem, which pathological change took place as the result of the operation, whereby the urine was so much reduced in daily quantity, or was it only a coincidence? The same fact was noted in the case referred to.

And now, in conclusion, I would say that if in the near future any reasonable hopes can be held out through the perfecting of our present knowledge or physical means of determining the nature of the neoplasms in their beginning departure, so that radical means, either by the surgeon's cut or by seropathy, can be put into action at a much earlier date than at present we are able to do, then a great service to suffering humanity will have been rendered through the instrumentality of a noble calling.

The Preservation of Gross Morbid Specimens.—Melinkow-Raswedenkow (*Centralblatt für allgemeine Pathologie*) says that in the ordinary methods employed for the preservation of gross morbid specimens the tissues are so discolored or decolorized and shrunken that the natural picture of diseased alterations is changed to an artificial dissimilar one. In order to prevent such undesirable changes in specimens for permanent preservation, it is suggested: (1) To preserve the fresh tissue in pure formalin. In the formalin it is true that the tissue is decolorized a little, but the histological elements are fixed. (2) After removal of the formalin the tissue is placed in 95 per cent. alcohol, which brings back the color again in part. (3) The permanent preservation and final recall of the color and normal appearance is secured by a solution of acetate of potassium 30, glycerin 60, and distilled water 100. The method is not so well adapted for the preservation of the large organs as for the smaller ones, such as the kidneys and spleen. When the liver or other massive tissues are to be preserved, it is suggested to cut them into disks. —*University Medical Magazine.*

Society Reports.

Canadian Medical Association.

THE regular annual meeting of the above Association was held in Montreal, August 26th, 27th and 28th.

Dr. JAMES THORBURN, of Toronto, filled the chair in a most able manner.

Dr. THOMAS RODDICK, in a short speech, welcomed the visitors.

The Committee on Inter-Provincial Registration, after a preliminary discussion of the question, selected a sub-committee, made up of representatives of all the councils of the Dominion except the North-West Territories and British Columbia, to draft a scheme whereby this much-discussed matter might be settled.

Dr. C. F. MARTIN, of Montreal, read a paper entitled "Certain Observations on the Relation between Leuchæmia and Pseudo-Leuchæmia."

The Association then adjourned to the General Hospital, where several clinics were given.

Dr. F. J. SHEPHERD presented a young woman upon whom he had operated for gastric ulcer, relating the history of the case and the technique of the operation. The second patient was a man who had received a fracture of the skull, accompanied by depression of the fractured portion and immense hæmorrhage. Besides trephining a large area, he was obliged to ligature the common carotid artery; for he discovered a rupture of the meningeal artery at the foramen spinosum. A boy was then shown who had received an injury about the middle of the forehead from a bursting emery stone, the inner table being more damaged than the outer. The fractured portion was removed. A thirteen-year-old girl was shown, in which he had done excision of the ankle for tuberculous disease. The result was good. The next patient had undergone operation for cancer of the bulbous portion of the urethra, everything being removed down to the prostate gland. Patient was doing well.

Dr. BLACKADDER gave a clinic on progressive muscular atrophy, disseminated sclerosis, multiple neuritis and lead palsy.

Dr. HUTCHINSON showed a case of compound comminuted fracture of the femur and a case of amputation for gangrene.

Dr. F. J. SHEPHERD presented a young woman with a cervical rib, and also an interesting case of urticaria, the condition being easily

induced by drawing the finger across the skin of the patient. The doctor also presented a case of psoriasis.

Dr. C. W. Wilson gave a clinic on flat-foot. He described the method of making Whiteman's plates, and explained the *rationale* of their action. A child was then presented, a sufferer from tubercular disease of the cervical vertebræ. Before the present treatment of splint and jury mast she had suffered from meningitis and pachymeningitis. A case of fracture of the neck of the femur was also given.

Dr. Geo. C. Campbell presented a patient who was convalescing from scurvy.

A light luncheon was kindly provided for the members. A street car excursion about the city, lasting an hour, was then taken.

On re-assembling in St. George's church school-house, which was generously placed at the disposal of the Association, Dr. H. H. Meek, of London, read a report of "Three Cases of Abdominal Section for Conditions Comparatively Rare." The first was for fibro-cystic tumor of the uterus, removed with appendages, after having been observed a year, the stump being fixed with a serre-nœud wire and pins. A good recovery. The second case was one of solid sarcomatous tumor of the ovary. A smooth recovery was checked at the end of five days for a few days by trouble from a stitch abscess. The third case was one of volvulus of the splenic flexure of the transverse colon, due, as was discovered, to a half twist of the bowel upon itself, apparently caused by old inflammatory adhesion bands in its mesentery. After a good recovery, unaccountably the patient succumbed from an attack of acute mania.

Dr. Proudfoot showed a baby two months old with an imperforate external meatus. He purposes relieving the condition.

Dr. R. Ferguson, of London, read a paper on "Ophthalmia Neonatorum." The paper referred first to the wide-spread prevalence of the disease. The main element in its causation was the gonococcus. The important point in the treatment was prophylactic; and this consisted in disinfection of the vagina, where a discharge was present. The second point was to follow the plan of Credé—to cleanse the infant's eyelids and then instil two or three drops of a one or two per cent. solution of silver nitrate. If the disease be established, thorough cleansing by frequent flushing with a mild antiseptic solution and the application of cold in the early stages was recommended. After discussing the complications the reader discussed the question of preventive legislation, and moved in closing, a resolution that this Association should call the attention of the various Provincial Boards of Health to

this matter, and recommend that Ophthalmia Neonatorum be placed on the list of contagious diseases, and be subjected to the same restrictions. This carried.

Dr. T. T. S. HARRISON, of Selkirk, read a paper on some observations on the "Heredity of Cancer." In this paper the reader referred to many cases of cancer which had come under his notice during his long experience. Its occurrence in members of a family in one generation after another seemed to impress him that either cancer was hereditary, or, more possibly, that the tendency to this form of disease was transmitted.

Prof. WESLEY MILLS complimented the reader on his paper, and pointed out the importance of the study of heredity, a most interesting subject. He advised that practitioners should take notes of cases where heredity was suspected.

EVENING SESSION.

Dr. THORBURN, President, then delivered his annual address, commencing his remarks by expressing his thanks for the honor that had been conferred upon him in electing him President of the Association, the highest honor in the gift of the profession in Canada. Speaking of the death of Pasteur and the loss to medical science, he said that the great advance in the practice of surgery was due largely to the discoveries of the great scientists, alluding incidentally to Pasteur's successful treatment of hydrophobia, rabies, septicæmia, etc. After referring to the discovery of vaccination by Jenner, and the celebration of his centenary, he said that during the past year medical science had lost a valued son in Pasteur, who might fairly be credited with having put the germ theory of disease beyond all doubt. His success in the handling of patients who were presumably inoculated with rabies, was well known, and the knowledge that they had recently obtained respecting both the diagnosis and treatment of such diseases as hydrophobia, anthrax, tetanus, diphtheria, tuberculosis, Asiatic cholera, typhoid fever and septicæmia had already been productive of good results, and was likely to do much more in the future. After a passing reference to vaccination and its discoverer, Jenner, the President alluded to the deaths of Drs. Fenwick and Saunders, of Kingston, and Dr. Macfarlane, of Toronto, three honored members of the Association, who had all died from septic poison, received in the discharge of their duties. The important subjects of a common registration for the Dominion, or inter-provincial reciprocity, was next dwelt upon, and the opinion expressed that the time had arrived when the

obstacles in the way might be overcome by mutual concessions on the part of the different provincial medical authorities. On the question of a curriculum suited to the whole Dominion, the President suggested a four years' course of eight or nine months, instead of five years of six months and a summer session, and hoped that the committee assembled at the last annual meeting would be able to report favorably for the eight months' session. The subject of the relationship of medical men to life insurance, and the question of professional secrecy were also touched upon, as well as the wonderful discoveries of modern days, especially in reference to mechanical appliances. The uses of electricity and the discovery of the Roentgen rays were mentioned as likely to prove of great assistance in the diagnosing of many diseases hitherto obscure, and there was no doubt that the use of this instrument would become most frequent as improvements were made on it. In closing his remarks, the President alluded to the honor conferred on Montreal by the unanimous decision of the Council of the British Medical Association to hold its annual meeting in that city next year, and he tendered his congratulations to Dr. Thomas G. Roddick, the President-elect, winding up by expressing the hope that the Association would continue to extend its usefulness and maintain its high reputation, and that ere long they would have a common standard of medical education in Canada, with reciprocity between the different provinces, and also between the Dominion and the Mother Country.

Dr. Wyatt Johnson then gave an interesting talk on Some Applications of Entomology in Legal Medicine.

Thursday Morning.

The Association met in McGill medical building.

Prof. G. P. Girdwood gave a demonstration of the X rays.

"Clergyman's Sore Throat," was the subject of a paper by Dr. Price-Brown, of Toronto. This name was an improper one, because it gave no idea of any definite pathological condition. By old writers it was confined to a chronic follicular pharyngitis. The tendency now was to discard the term. Most chronic throat diseases to which clergymen were subject were dependent on nasal or naso-pharyngeal disease. When this was treated, generally the throat would get better. The doctor cited the history of a series of cases, which fully bore out his statement.

Dr. George Wilkins, of Montreal, read the address in medicine, his subject being, "The Modern Treatment of Some Diseases as the Result of Experimental Investigation." The essayist first dealt with the work of Jenner and Sir Joseph Lister in stimulating original

research in the fields of medicine and surgery. Pasteur's work was also a wonderful example of development as a result of close observation. The relation between vaccination and modern serum therapy was then discussed. The principle depended upon the fact that the blood serum of animals, highly immunized by artificial means to any bacterial disease, possesses the property of protecting other animals against the same disease, and that this protection is afforded whether the serum is administered before, simultaneously or after the injection, provided in the latter case that the disease has not advanced too far before the protective injection is made. The treatment of diphtheria, tuberculosis, typhoid fever, pneumonia, pyæmia, septicæmia and tetanus was then discussed in the light of the most recent experiments. The influence of the discovery of the function of various blood-elaborating glands in the treatment of diseases by various extracts was then treated in an exhaustive way.

"Etiology and Treatment of Acne Vulgaris." This was the title of a paper by A. R. Robinson, of New York. This paper dealt with the causes of the disease, maintaining that they were mainly local, and not due to constitutional disturbances of the stomach, uterus, etc. So, in treating the condition, the local treatment was of greatest importance. The keratosis and the comedones should be removed, the skin and follicles should be disinfected, the frequent accompanying seborrhœal condition should receive attention, the physiological function of the expulsion of the sebum should be assisted by adding tonicity to the glands. In addition, any disorders of the general system should be looked after and prophylactic measures should be attended to, especially during puberty.

A telegram was received from Dr. John Coventry, President of the Ontario Medical Association, expressing his inability to be present, and conveying a fraternal greeting of the Provincial Association.

Prof. Wesley Mills presented a pigeon from which the whole brain had been removed; a rabbit, from which the motor centre for the limbs on both sides had been removed; a cat, from which the right motor area had been removed; a second cat, from which both sides, at different dates, had been removed; and a puppy, from which the right motor area had been removed. From these experiments he deduced the idea of the greater importance of the motor centres in the higher animals. He discussed the localization theory at some length.

Dr. Wm. Osler drew attention to the wonderful precision with which surgeons could now cut down upon brain lesions. He reported some cases.

Dr. W. B. THISTLE then read a paper on "The Antiseptic and Eliminative Treatment of Typhoid Fever," in which he still upheld the theory he has advocated. He drew attention to the *rationale* of the treatment, basing it upon physiological and pathological grounds. The results in Toronto General Hospital, where the method had been but indifferently carried out, and in his own practice, proved it to be the most satisfactory form of treatment. He said that many men had misconceptions of what he had meant to convey by the term eliminative, and one author had stated that the treatment was not based on correct views of the pathology of the disease. Dr. Thistle vindicated his position by referring to the most recent researches which have been made.

Dr. WM. OSLER claimed that the theory was a very good one, but the practice was fraught with danger. His preference was for the cold bath treatment, through the influence of which the toxines were eliminated by the skin and kidneys.

The Association then adjourned to Hotel Dieu, where Sir William Hingston is high priest. Sir William, in his gracious manner, welcomed the members, gave a resumé of the progress of surgery since he first began practice nearly forty years ago, impressing some very valuable hints for the young practitioners, and presented some of his surgical cases. A substantial luncheon was then provided for the guests.

Dr. D. CAMPBELL MEYERS, of Toronto, presented a patient with hereditary cerebellar ataxia, and read the history of the case.

Dr. STEWART, of Halifax, read a paper reviewing the work of Lister, his old teacher, particularly his work in the experimental pathology of inflammation.

Dr. F. LEM. GRASETT, an old house surgeon of Lister's, followed by a few appreciative remarks on his labors in the advancement of medical science, and commendatory of the spirit in which the great master worked.

Dr. D. MARCIL, of St. Eustace, Que., read a paper in French on "Thyroidectomy."

A paper on "Oral Surgery" was presented by G. LENOX CURTIS, of New York, which advocated the teaching of this branch of study in medical colleges.

Dr. F. BULLER, of Montreal, reported some cases of foreign bodies in the eye, in which the electro-magnet was used successfully. This was discussed by R. A. Reeve, of Toronto; G. L. Curtis, of New York; and R. Philp, of Hamilton.

In the evening a splendid banquet was held at the Windsor Hotel. The menu was par excellence. The usual toasts were drunk.

FRIDAY MORNING.

Dr. J. F. W. Ross, of Toronto, gave the address on "Midwifery." It dealt with abdominal and pelvic operations for the relief of conditions incident to the puerperal state. The report of a case of rupture of the uterus, upon which he had operated successfully, was listened to with much interest.

Dr. J. C. WEBSTER, of Edinburgh, read a paper on "Place of Pessaires in Gynæcological Treatment." The paper drew attention to the fast disappearance of the use of these instruments as a better knowledge of accompanying pathological conditions was being acquired, which conditions, when treated, did away with the necessity for supports. Those cases in which supports were of use were described.

Dr. LAPTHORN SMITH, of Montreal, read a report of one hundred and ten operations for retro-displacement of the uterus, of which forty-two were Alexander's operations of shortening the round ligaments, and sixty-eight ventrofixations or suspensis-uteri operations. The results of both operations had, on the whole, been very satisfactory, with the exception of two cases, in which the ligaments broke, being very fatty, and also partly owing to the method of operation, which he has since improved; in one of these cases he immediately performed ventrofixation with good results; the other was a complete failure, having declined further operation. Also in one of the Alexander cases the uterus remained in good position for six months, when it began to fall a little. The failures all occurred among his earlier cases, none having occurred among those operated upon during the last two years. So far no case of hernia had resulted from the operation. The ventrofixations gave even better results than the Alexander's. They were performed for the most part upon women who not only had controversion within but the ovaries and tubes were at the same time prolapsed and bound down by more or less dense adhesions. In many of these also there was laceration of the cervix and perineum, with cystocele and rectocele.

Dr. PLAYTER prepared a paper on "Cold Air in the Treatment of Consumption," which was read by title. Doctor Playter first referred to the two principal causes of phthisis, the seed and the body soil. By nearly all physicians the bacillus was recognized as a cause, but a number of them believed it to be but a consequence. The truth lay between the two views. The bacillus would not grow and multiply in the body unless the tissues were in a defective, practically *diseased*, state, but it is indispensable to the formation of tubercle. The diseased state, Dr. Playter claims to have

clearly shown in his recently published book, is caused by toxines produced by accumulations of the waste products of combustion, due to defective respiration. Hence, more out-door air is the universal first remedy. The bacillus is probably, originally, a benign organism, and like some other microbes, is rendered virulent and pathogenic by its environment. In some phase it may grow in the open air, like the bacillus anthrax, completing its "developmental cycle" outside the animal body, although, as a bacillus, flourishing best at a temperature above 100° F., as in bovine animals or a "feverish" lung. In treatment, the Doctor depends on a "trinity of remedies;"—pure cold air, nourishment in accordance with the digestive and assimilative powers, and attention to the skin to aid the respiratory function. Pure, dry, cold, sparkling, sunny atmospheric air, with its highly "vitalized" oxygen, is best of all remedies, and nearly all cases improve under it. At the Falkenstein Institute (Germany), the cold winter air allowed to flow through the bedrooms of the patients all night "quiets the cough, lowers the fever, arrests the night-sweats, restores the appetite, and retards the course of the disease." The colder the air, the better; the more oxygen it contains, bulk for bulk; the more it acts as an antiseptic; the more it expands when it has been inspired and in expanding dilates the air cells or chambers of the lungs; and the more it must tend to cool the over-heated lung tissues, rendering them less favorable for the multiplication of bacilli. Dr. Playter is making preparations for rendering pure, filtered air cold, by means of a freezing mixture, to be inhaled by patients at his Sanatorium.

The report of the Committee on Inter-Provincial Registration was presented and adopted, as follows:

"Your committee beg leave to report that, having examined the present requirements of the licensing boards of the several provinces, with a view to obtaining by mutual concession a uniform standard of matriculation, education and examination, would recommend the following:

"I. *Matriculation.*—The schedule of subjects shall comprise (1) English language and writing from dictation; (2) arithmetic, including vulgar and decimal fractions and the extraction of the square root; (3) algebra, to the end of the simple equations; (4) geometry, Euclid, books 1, 2 and 3, with easy deductions; (5) Latin, grammar, translation from specified authors, or of easy passages; (6) elementary mechanics of solids and fluids, comprising the elements of statics, dynamics, hydrostatics and elementary chemistry; (7) history, England and Canada, with questions in modern geography; (8) and any one of the three following subjects: French, Greek and German—the requirements being the same as in Latin.

" Fifty per cent. of the marks in every subject shall be necessary for a pass, and 75 per cent. for honors.

" In lieu of the above will be accepted a degree in arts of any university in Her Majesty's dominions, or from any college or university that may hereafter be recognized, but no matriculation in arts in any university will be recognized.

" II. *Professional Education.*—The curriculum of professional studies shall begin after the passing of the matriculation examination, and shall comprise a graded course in the regular branches of four yearly sessions of not less than eight months of actual attendance on lectures in each year, the subjects to be anatomy, physiology, chemistry, materia medica, therapeutics, practical anatomy, histology, practical chemistry, pharmacy, surgery and clinical surgery, medicine and clinical medicine, including diseases of the eye, ear, throat and nose, mental diseases, diseases of women and children, medical jurisprudence, toxicology, hygiene, pathology, including bacteriology.

" That at least twenty-four months out of the graded four years, of eight months each, be required for attending on hospital practice, to begin with the second year of study. That proof of attendance on not less than six cases of obstetrics be required.

" III. *Examination.*—(*a*) All candidates for registration in the various provinces, in addition to having fulfilled the foregoing requirements, shall be required to undergo examination before examiners to be appointed in each of the provinces by their respective councils, or by means of assessors, as in the Province of Quebec, or by delegating their authority to one central body, as has been done in Manitoba. Each examination shall comprise all the subjects of professional study shall be both written and oral, and 50 per cent. of the marks shall be required in every subject for a pass. (*b*) The committee make these resolutions merely as suggestions for the consideration of the councils of the several provinces as a mutual basis of agreement, and that each be requested to report thereon to the next annual meeting of the Association, and also to send one or more delegates to represent them at that meeting.

" In order that the councils may be enabled to consider the question with a full knowledge of the facts, it is decided that each registrar should send to every member of every council in Canada a copy of the statutes and of the regulations in connection with the council that he represents."

The following nominations were reported: President, Dr. V. H. Moore, of Brockville, Ont.; Vice-Presidents, Dr. James Conroy, Prince Edward Island; Dr. J. F. Black, Nova Scotia; Dr. T. Walker, New Brunswick; Dr. Beausoleil, Quebec; Dr. W. W. Dickson, Ontario;

Dr. R. S. Thornton, Manitoba; Dr. E. H. C. Rouleau, North-West Territories, and Dr. Hannington, British Columbia. Local secretaries, Dr. H. D. Johnston, Prince Edward Island; Dr. A. J. Maden, Nova Scotia; Dr. G. A. Addy, New Brunswick; Dr. J. G. McCarthy, Quebec; Dr. W. G. Anglin, Ontario; Dr. W. H. Smith, Manitoba; Dr. George Macdonald, North-West Territories, and Dr. A. W. Reed, British Columbia; Drs. F. N. G. Starr, of Toronto, and H. B. Small, of Ottawa, to be re-elected general secretary and general treasurer respectively.

At 12.30 the members repaired to the Royal Victoria Hospital, where clinical demonstrations were held. The visitors were afterwards entertained to luncheon.

Friday Afternoon.

The first paper presented was by Dr. J. E. Graham, of Toronto, entitled, "The Influence of Mitral Lesions on the Existence of Pulmonary Tuberculosis." The essayist pointed out the beneficial action of the mitral lesions in patients with tuberculosis of the lungs. This was due to the passive congestion induced not so much, perhaps, to the germicidal action of the serum and the increased phagocytic action of the white blood cells, as to the increased work placed on the apices of the lungs, having additional function by reason of the congested condition of the bases. From this the doctor argued that if a condition somewhat similar could be induced in the lungs of phthisical patients who had no mitral lesions, a valuable remedy would be gained. He knew of no way by which a passive congestion could be produced; but would not an active congestion answer the purpose? He believed so; and advocated the use of lung gymnastics.

Drs. W. Osler and Blackadder discussed the paper.

Dr. W. Tobin, Halifax, read a paper on "Militia Medical Reorganization."

Dr. Thos. Roddick commended the scheme. In his experience at the time of the Riel rebellion, militia medical affairs were in a very poor state; some arrangement was badly needed.

Short papers were also read by Dr. J. B. McConnell, Montreal, on "Tetany following Scarlatina;" Dr. F. J. Shepherd on "Excision of the Scapula;" Dr. H. L. Reddy on "Streptococcic Infection —Injection of Anti-Streptococcic Serum—Recovery." Dr. Martigny on "Electric Baths in Dyspepsia;" Dr. H. D. Hamilton, of Montreal, on "Non-Malignant Tumors of the Tonsil," with report of a case.

Montreal was chosen as the place of the next meeting.

Editorials.

Tendencies in Medical Practice.

When one casts his eyes around and takes a survey of practice now and twenty years ago, several questions force themselves upon his attention.

Among the first of these is that there is a rapid increase in the size and numbers of the hospital staffs all over the world. A doctor takes up a specialty and opens a private hospital. This gives him considerable local standing, and draws patients from a distance from other medical men. This tendency to gather a large volume of work under one roof is growing. This increases the reputation and gain of a few and lessens both to the many.

Then again the prevention of diseases occupies a prominent place in the public thought. Cities, towns, townships, counties, countries are active in their efforts to prevent the spread of disease. This enlightened action, however, has the effect of decreasing the amount of practice. Further, it must be noticed with much satisfaction that the condition of workshops and factories is now in a much more sanitary condition than they formerly were in.

The search for specific methods of treatment is claiming much attention. Great advances have been made in the case of diphtheria. It must be now admitted that a thorough series of tests have yielded an affirmative answer as to the value of antitoxin. In the case of tuberculosis much is being done, both in the line of prevention and cure. Twenty years ago but little was heard of contagium vivum; now it is taking first place in medical thought, and leading to some all-important discoveries, as witness the comparative ease with which the onward march of epidemic cholera can be arrested.

On the other hand, new occupations and new methods of transit must bring in their wake new diseases and injuries. This is readily seen in the enormous numbers employed in electrical works and riding on wheels. It is too soon yet to form any definite opinions as to the effects which will result from so much bicycle riding placed in the possession of young boys and girls whose habits are not yet formed, and whose bodies are plastic. Bad habits and shapes may very easily be acquired.

The high pressure under which so many are living, especially in the large cities, is producing a very large number of cases of nervous

diseases of the neurasthenic type. Not long ago the writer was in a large American city, and was forcibly impressed with the careworn look of a very large percentage of the people. They seemed to be prematurely old. We are rushing through life, as the late O. W. Holmes said, like so many projectiles shot from some cannon's mouth.

Dr. L. D. Bulkley pointed out once that it was now becoming the exception to find a young woman of twenty in the United States who was not securing her third set of teeth. This, he thought, was an indication of depraved health from anxieties, sedentary habits, high social life, indigestible food and resultant dyspepsia. We can all look around and see the marked increase of myopia and weak eyes from over-study when young, with poor light, and on poor type.

The Trials and Dangers of a Doctor's Life.

THE doctor's calling is not an El Dorado. Neither is it an Elysium. Few make money at it ; and many fall by the way, whose thread of life is cut short by the many hardships the physician must encounter.

His life is truly one of great irregularities. No matter what the weather or the hour, he must obey the summons to attend his patient. His family life is broken in upon in the most ruthless manner. He may have time enough, and to spare, on his hands, but he can make no disposal of it in any regular order ; for he never knows when he may be hurriedly called to duty.

No one can doubt that the doctor's life is one of great anxieties. He is not dealing with mere material affairs. He is holding in his hands the questions of life and death. In a far-off place at midnight, with none to hold counsel with, he meets face to face disease and accident in their severest forms. He must act, and that, too, at once.

His action, if well timed and wise, may save a life. If, however, he blunders, death may follow in the footsteps of his action. These are no light matters.

Perhaps no members of the community are so liable to blame, when praise should be meted out. The public are not able to discern the nature of the doctor's work, and consequently indulge in the most annoying, and often galling, of comments. Because he does not seem to share in every sorrow of the people he attends, he is regarded as cold and unfeeling. He becomes worried and wearied, and often irritable.

He is in the midst of disease. He is constantly in an atmosphere of germs, and contagion and filth. In the regular discharge of his duties he is exposed to the most malignant of poisons. These may take possession of him in many ways. It is but too frequently the case that we hear of physicians losing health, or life, through these means. Many a bright life has been extinguished by a few germs gotten at the bedside, or by a drop of deadly pus from the post mortem room.

To compensate for such a life, the doctor should have some large rewards. Truly he has, though not generally of the financial kind. He has the keen satisfaction of much good done to others. He feels that his calling makes him courageous and self-reliant. His efforts to do good to others often end in making himself a higher type of man than perhaps any other avocation would have made him. In time, when he has lived down the many petty criticisms to which he was once subjected, he comes to have a great deal of influence among the people with whom he has spent his life.

The monetary reward is not overly brilliant, and we candidly confess is likely to grow less and less. On the one hand, prevention is holding a larger place in public attention. There is no doubt that the numbers entering the medical profession far exceed the proportion required to meet the demands caused by normal increase of population. Thus the work for each must grow less.

We would counsel the young man, ere he enters the medical profession, to weigh well the advantages and disadvantages. If he does so, in many instances, the latter will prove the heavier column.

Antitoxin in Diphtheria.—Dr. John H. McCollam, of the Boston City Hospital, in Boston *Medical and Surgical Journal*, remarks that in 1,359 cases of severe diphtheria treated with the antitoxin, the death rate was 12.5 per cent. In 1,062 similar cases treated just before the antitoxin was introduced, the death rate was 46 per cent. Albuminuria was not increased to any appreciable extent. The number of cases of paralysis were fewer than before the antitoxin was used. There were a few instances of abscesses. These abscesses yielded streptococci. Urticaria occurred in some cases. Cases of sudden death during convalescence did not occur. Altogether, the treatment appears to have been very satisfactory in these hospital cases.

We desire to call the attention of the profession to Dr. Sprague's letter, which appears in this issue. Very many physicians have read with touched feelings MacLaren's book in which he so successfully immortalizes the old-time doctor.

* * *

The Canadian Medical Association.—The Canadian Medical Association was a pronounced success. The papers, clinics and demonstrations were up to date and full of the scientific spirit. The question of inter-provincial reciprocity was advanced more at this meeting than in twenty years before, and seems now to be in a fair way of being settled shortly. The hospitality of our Montreal confreres was unbounded. Dr. James Thorburn, one of the veterans of the Association, presided with much acceptance. Secretary F. N. G. Starr was very deservedly re-elected.

* * *

The Treatment of Tic Douloureux.—Dr. C. L. Dana, in the *Post Graduate* for July, gives the following treatment for this very severe and troublesome affliction: First, strychnine is given in single daily doses hypodermically, beginning with gr. $\frac{1}{30}$, and increasing to gr. $\frac{1}{5}$ or $\frac{1}{4}$ by the fifteenth or twentieth day. Few persons can stand more than gr. $\frac{1}{5}$, the excess dosage causing stiffness in the jaws and legs, with trembling and nervousness. The maximum dose should be kept up for a week or ten days, and then gradually reduced to the dose used at starting. This treatment takes about six weeks. The drug is then replaced by others. Secondly, iodides and tonics are ordered. Pot. iodide in doses of gr. v., three times a day, increasing to gr. xxx. three times a day; and tincture of iron m. v., increased to m. xxx., if possible. These are well diluted. Sometimes salicylate of potash takes the place of the pot. iodide, and nitro-glycerine is added to the iron. Thirdly, rest in bed in an even and comfortable temperature, with light, nutritious and digestible food. The results of the above treatment are spoken of as very gratifying.

* * *

Treatment of Chronic Interstitial Nephritis.—Dr. G. E. Davis, in *American Practitioner and News* for August, contends that mercury and the iodides exercise the most favorable influence over renal sclerosis. Digitalis only acts on the secretion of urine by toning the heart and increasing the arterial tension. It should be given in large doses, once a day, and preferably at bedtime. Strophanthus

should be repeated every eight hours. Of all diuretics, none are so good as abundance of water. The copious and prolonged use of the natural mineral waters does much good. They correct the digestive troubles so often met with in these cases, as well as acting on the renal flow. The alkalies in these waters seem to neutralize the uric acid and lessen arterial tension and the tendency towards sclerosis. On a full milk diet the amount of urine increases, the specific gravity decreases and the albumin increases. On a diet of meat, fish, eggs and bread stuffs, these three conditions are reversed, and the nutrition of the patient better conserved. To combat the anæmia, combinations of bromide of gold and arsenic, bromides of gold, arsenic and strontium, or bromides of gold, arsenic and mercury, are very efficient. To procure sleep the bromide of soda in full doses at bedtime, or an enema of chloral answer best. Rest, mental and physical, are of the utmost importance. A quiet life in a warm climate holds out many advantages. Life will be greatly prolonged and rendered more comfortable.

* * *

The Treatment of Large White Kidney.—Dr. E. S. Smith, in *American Practitioner* for August, enumerates the points of treatment under three heads. First, prevent further extension by instructions against excessive use of alcoholics and exposure to wet and cold. The patient should live in a smooth, quiet, temperate manner. A mild, warm climate is of great value, as it permits of much out-door life. Light, digestible and nutritious diet is requisite. All heavy and stimulating foods should be discarded. Second, aim at curing the mischief already done to the kidneys. Some physicians think very highly of bichloride of mercury, in doses ranging from one-thirtieth to one-eightieth. It is claimed that thirty per cent. of the cases as treated recover. Some urge the claims of pilocarpine. But the evidences in its favor are not strong. The Italian physicians speak well of fuschin. The third point is to correct other conditions of ill-health. Digestion is often bad, and demands attention. Diet and laxatives play an important part. Such drugs as oxalate of cerium, bismuth and creasote, are useful. For the dropsical effusions into the cavities and tissues, citrate or acetate of potash in infusion of digitalis gives the most satisfactory results. Warm baths in the form of hot air, steam, or blanket baths, are the best means of procuring diaphoresis. In extreme cases of dropsy the skin may be punctured or Southey's tubes used. Cavities may also be tapped. Hydrogogue cathartics lessen arterial tension and remove much fluid. The best are calomel and jalap in combination.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—As the entire government of the profession is confided to the Executive Committee for fifty-one out of the fifty-two weeks of the year, it will, I think, be generally conceded that this is the most important committee appointed by the Medical Council, and that every practitioner in the Province should be thoroughly well informed of its *personnel*, its powers and its actions. Legally, it consists of three appointed and two *ex-officio* members. In defiance, however, of its own by-law to that effect, the Council, by usage, has limited the membership to three, viz., the President and Vice-President of the Council, who belong to it *ex-officio*, and the Head Centre of the homœopathic wing of the Inner Circle, who, whether otherwise in office or not, has for a number of years past enjoyed the unique privilege of forming one of this peculiarly constituted and practically irresponsible triarchy. To understand the true inwardness of this arrangement, it must be remembered that, by the operation of the "Machine," no territorial representative who is open to even the suspicion of being troubled with any special sense of loyalty to the profession can, by any possibility, win access to either the president's or vice-president's chair. It is, as I have already explained, settled in conclave who shall fill these offices, and their so-called election in Council is merely an empty farce.

In fact, the Council's system, or rather the Inner Circle's system, of rotating the presidency among its different sections, and of giving it, in turn, to each individual of his section, provided he is a member of the Inner Circle, may be regarded as the very front and origin of all the Council mismanagement of which we have to complain. At the opening of last session (*Vide* Report of Proceedings, 1896–97) I tried to express my strong sense of the viciousness and impolicy of that system. It is worked so as to offer a premium—or rather, what some are weak enough to regard as a premium—to territorial representatives for disloyalty to the interests they have been elected to serve. True, the position of President, as thus conferred, is void of honor or repute in the esteem of all right-minded men, yet it has a certain money or commercial value, since it carries with it a possible free lithograph in one or other of the medical journals or public prints, and also a per-

petual free advertisement in the Register and in the Annual Announcements, that once upon a time John Doe or Richard Roe was for one year President of the Ontario Medical Council. Probably most men, under these circumstances, would eschew the doubtful honor; but, unhappily, there are some so constituted as to be emulous of securing it, and who are ever ready to play Man Friday to any combination which holds the power of conferring it. Thus it happens that both the President and Vice-President of the Medical Council, as at present constituted, are bound to be men who neither owe nor profess to owe any fealty to the medical electorate, or who, owing such fealty, have obtained these positions by proving recreant to it. From a professional point of view the result is, in several important respects, most unfortunate. The recreancy of a few elected men deprives the electorate of that substantive and controlling voice in the management of its own affairs which, it was fondly supposed, the Act of 1893 had secured to it. By making the presidency the reward of subserviency, as far as the territorial men are concerned, a fatal blow is aimed at all freedom and independence of debate. And by making the President, though nominally an officer of the Council, in reality the creature of a clique, his rulings and decisions as presiding officer are so colored as to make them in many cases less than worthless, since, however preposterous and unparliamentary they may be, they are sure of being sustained by the Solid Phalanx by whom he was appointed and in whose interests he officially exists. Some very notable examples of this may hereafter come up for review.

But the disastrous effects of the system become far more highly accentuated when it is remembered that the President and Vice-President are *ex-officio* members of every Council committee except that on Discipline, and that they and the Head Centre of the homœopathic wing of the Inner Circle constitute, not by law, but by usage, the entire Executive Committee, and that consequently the profession is, in effect, barred from having a voice in that ruling triad. If the school-men and the homœopaths are naturally anxious to put only men imbued with their own views, or men of approved pliability, into these positions, surely the profession, as it becomes more keenly alive to its vital interests, will see to it that its representatives shall, as far as their power goes, insist upon higher qualifications, on the part of their presiding officer, than even the most exalted capacity for subordinating the interests of the public and of the medical electorate to those of the medical schools.

But does this Executive Committee, in which the profession, as I have shown, has no substantive or loyal voice, thus misuse its privi-

leges, and in any essential respect sacrifice the well-being of the College to the behests of the schools? I aver that it does; and although I cannot within the limits of a journal correspondence enter into the exposition of this as fully as I would like to, I will in my next letter, by one or two illustrative instances selected from many, satisfy all unbiassed persons of the truth of my averment. I must also defer till a future occasion my review of my friend Dr. Williams' very funny mode of explaining our want of success in carrying our motions in Council. Very truly yours,

JOHN H. SANGSTER.

Proposal of Testimonial to "Ian MacLaren."

To the Editor of the CANADIAN MEDICAL REVIEW.

DEAR SIR,—Robert Louis Stevenson, Carlyle and Dickens, especially, among the writers of this century, have most noticeably lauded our profession, but their laudations have scarcely been of such merit as MacLaren, in "Beside the Bonnie Brier Bush," has given us in his description of the venerable Dr. William MacLure, and his services among his people.

Without wishing to eulogize the work to which the best literary talent of the day has liberally contributed the greatest praise, I fully agree with Gladstone, that the charming and pathetic sketch, "The Old-Time Doctor," will ever be venerated.

That my views of this estimable work are such as are entertained by my fellow-practitioners I feel well assured, and I, too, feel satisfied that they, of this Province, will agree with me that our Medical Council of our College of Physicians and Surgeons should, when the Rev. Mr. Watson, M.A. (Ian MacLaren), visits Canada, give him in the name of the medical profession of our Province an appropriate acknowledgment of the honor he has given our honorable profession in his sketch of Dr. MacLure.

If others will assist in attracting the attention of our Council to the necessity of thus presenting a testimonial as stated, it will reflect honor to the profession of which we are members.

JAMES S. SPRAGUE, M.D.

Stirling, Ont., Aug. 12th, 1896.

Selections.

WHAT IS A "NEW WOMAN"?—*The Gentlewoman* offered a prize for the best epigrammatic definition of the new woman, and among the many replies received were :

The old maid trying to be a young man.

Six of one and half a dozen of the other.

A creature of opinions decided, and skirts divided.

One who has ceased to be a lady, and has not yet attained to be a gentleman.

Man's newest and best reason for remaining single.

Madam became Adam.

Mannishness minus manliness.

The palm, however, was awarded to the following: "A fresh darn on the original blue stocking."—*Medical Age.*

* * *

DR. DE SCHWEINITZ considers *spontaneous hæmorrhages beneath the injunctiva*, as well as those that occur in the anterior layers of the vitreous, in patients past middle life, to be frequently significant, especially if they are recurring, of *nephritis*, and in not a few instances has found them to be the first changes which have called attention to disease of the kidneys. He therefore recommends that in every spontaneous conjunctival hæmorrhage a careful urinary analysis shall be made. In *vitreous hæmorrhage*, if not otherwise contraindicated, the internal administration of frequently repeated small doses of sodium iodid materially aids in the absorption of the effused blood. This is particularly true of myopic eyes which are predisposed to hæmorrhages of this character by reason of changes in the choroidal and ciliary vessels. In place of the sodium iodid, or sometimes alternating with it, he is accustomed to give the fluid extract of jaborandi in doses just short of its diaphoretic action; or small doses, for example, a tenth of a grain, of pilocarpin hydrochlorate.—*The Philadelphia Polyclinic.*

* * *

THE PASSING OF ANTITOXIN.—A Paris correspondent of the *Cincinnati Lancet-Clinic* writes under the above caption that it seems that the enthusiasm manifested last year for Behring's antitoxin serum has commenced to diminish. Official statistics published by Bertillon give thirty-three deaths as the enormous weekly mortality from

diphtheria, figures that have never been attained during any preceding year before the discovery of this celebrated so-called specific. Like the rest of serious maladies to-day treated by serum therapy, it is necessary to recognize the fact that such medication no longer keeps the promises made in its name. Besides, Drs. Sevestra, Gaucher and Legendre have been courageous enough to make known to the Société Medicale des Hopitaux the serious and frequent accidents to which the antidiphtheretic serum gives rise even when applied to very simple cases of angina. But all this does not discourage the Pasteur Institute and its purblind disciples.—*New York Medical Record.*

* * *

Albuminuria and Acute Uremia Due to a Blister.—(*La Progres Medical.*) At a meeting of the Therapeutical Society, M. Huchard said that in his opinion fly-blisters should be banished from therapeutics on account of the grave accidents which they may produce. He had recently observed the case of a young girl, 18 years of age, who came into his service on account of gastric difficulty. Examination of the urine was negative. In ordert o ally the severe gastric pain, a blister of six centimetres (about 2 1-3 inches) was applied to the pit of the stomach and left in place for 12 hours. Three days later, without vesical trouble, there supervened swelling of the face, lumbar pain, dyspnœa, nausea, headache, spasmodic attacks of amaurosis, an almost complete anuria, with intense albuminuria, in brief, all the manifestations of acute uremia. Energetic treatment (purgatives, bleeding, wet cups, theobromine, enteroclysis, cold applications), restored the patient.—*The Medical Bulletin.*

* * *

The Effect of Ether and Chloroform on the Kidneys.—Eisendrath (*Deutsche Zeitschrift für Chirurgie*, Band XL, 1896) has examined the urine in 130 cases of anæsthesia,—sixty from ether and seventy from chloroform. No cases were included in which there was fever, or in which the urine contained an excess of urates. Albumen was detected by heat, nitric acid, acetic acid, potassium ferrocyanide, and Spigler's test. Sediments were precipitated by the centrifuge. In eight cases out of thirteen in which there was albumen in the urine before the anæsthesia there was an increase of the albuminuria, four times after ether and four times after chloroform. Of the patients whose urine was free from albumen before anæsthesia, 25 per cent. had albuminuria after the inhalation of ether, and 32 per

cent. after the inhalation of chloroform. Often where no albuminuria was detected, the urine contained renal epithelium and tube-casts. Tube-casts were found as frequently after the use of chloroform as of ether, being present in 28.3 per cent. of the cases; but they disappeared from the urine more quickly after ether anæsthesia.—*University Medical Magazine.*

* * *

Bicycle Accidents.—Fatal fractures of the skull have been reported several times as a result of the meeting of a pair of "scorchers" riding full tilt, with their heads low and eyes upon their front wheel instead of upon the road ahead of them. It might seem almost impossible to fracture a skull thick enough to permit indulgence in such practices, but the bicycle fool at full speed has been able to accomplish it. Accidents while coasting also occur at high speed, and are proportionately serious. In coasting a certain amount of control of the wheel is lost, and the accomplishment of sharp turns to avoid obstacles at the foot of a hill becomes impossible. No rider who is unwilling to risk the loss of his life, or serious interference with the regularity of his features, will coast except on good roads, with straight easy hills, and no crossings. Although the worst casualties usually occur to riders going at high speed, there are certain conditions which render falls even when going at a low rate of speed serious and disfiguring. Of these the principal is that in a large number of cases, particularly those which are due to suddenly running into an obstacle, the weight of the head and body being carried high, and the legs arrested by the handle-bars, the head, and particularly the face, is the first to reach the ground. A man taking a "header" from a horse starts from such a height that he may turn a complete somersault and land in a sitting posture, but the bicycle is so low that the victim strikes the ground face first, and when he has ploughed over a few yards of gravel or pavement, his physiognomy is naturally somewhat altered. A particularly dangerous accident is the breaking of the front fork of the wheel. Here the victim never has time to get his hands before his face, and fracture of the nose and jaw with serious laceration of the soft parts almost invariably results. These falls are so quick that before a man has time to let go of the handle-bars, his face strikes the ground. In fact in headers from the bicycle generally, there is no time to let go of the handle-bars in order to protect the face. Sprained wrists and broken arms are therefore comparatively rare, while broken noses and serious lacerations of the face, mouth, and eyelids are common. Bruises, sprains, and abrasions of the shoulders occur if the face escapes. The danger from the breaking of

the front fork is, of course, especially great in the case of the tandem wheel, where the fork has to bear the weight of two instead of one, and the danger from any flaw in the steel of which it is constructed is consequently greater. The writer has recently seen two young women who were seriously disfigured by falls due to the breaking of the front forks of second-grade tandem bicycles. The moral for young men who wish to give their sweethearts a taste of the joys of riding tandem, would seem to be, buy none but a first-grade wheel, and take the front seat yourself. Although accidents to the face, head and shoulders are the more common, fracture of the legs and bruises and sprains of the knee occasionally result from bicycle accidents, and internal injuries are by no means unheard of. A case of rupture of the pancreas due to a blow in the epigastrium by the handle-bar has recently been reported. The bicycle is proving itself so important a means of providing fresh air and healthful exercise to a vast number of people, that the good done by it greatly overbalances the harm resulting from occasional accidents, most of which can be avoided by careful riding and by the selection of a well-constructed standard wheel.—*Editorial Boston Medical and Surgical Journal.*

* * *

The Subcutaneous Use of Iodine and Iron in Grave Anæmia. —According to the *Wiener medicinische Presse* (quoted in the *Deutsche Medizinal-Zeitung* for March 30th), Dr Meuella, of Rome, uses the following formulas :

℞ Pure iodine..... 3 grains ;
Potassium iodide, enough to make it
dissolve in distilled water..... 300 grains.
Sig. : For subcutaneous injection.

℞ Iron and ammonium citrate..... 15 grains ;
Distilled water..... 300 grains.
Sig. : For subcutaneous injection.

A Pravaz-syringeful of the first solution is injected into one buttock, and at the same sitting a like quantity of the second solution is injected into the other buttock. The injections may be given daily or twice a day. The remedial effect is said to be very prompt.

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How dear to our heart is
Cash on subscription,
When the generous subscriber
Presents it to view :
But the man who don't pay—
We refrain from description,
For, perhaps, gentle reader,
That man might be you.—*Ex.*

Dr. Kortright, in the *Brooklyn Medical Journal*, says that arterial sclerosis is a common cause of death in physicians. The lesson that we should learn from our deceased colleagues, he states, is not to work too long. When you find your arterial tension increasing, your temporal artery becoming tortuous, your radial growing hard, especially if you have a little palpitation and pass an increased amount of limpid urine, whatever your years, know that old age is upon you. Henceforth shape your life like one that is old. Curb your ambition. Be content with a small practice. Reduce your expenses. Give up your night work. Decline confinements. Take a long vacation in summer. Retire early. Eat abstemiously. Drink not at all. Sell your horse. Take a great deal of moderate exercise in the open air. Watch the functions of the skin. Guard against a chill. Cultivate an even disposition. Study to be quiet.

* * *

The Nurse's Dress.—It is important that a nurse should be suitably clothed, whether she is at work in a hospital or in a private house—not necessarily as to the outward insignia of her calling, which, indeed, religious and lay organizations have sometimes made fantastic. If a nurse's dress is a matter of importance in cases of non-infectious disease, of how much greater import is it when she is dealing with communicable maladies! It makes no difference whether it is a member of the family or a trained nurse that attends at the bedside, so far as the hygienic point of view is concerned; in severe cases she is occupied with the patient for day after day, in the most intimate contact with him, continuously exposed to pathogenic material emanating from his person or from his excretions or floating in the air of the room, and she can not avoid handling his linen and that of the bed. She should therefore be dressed in such a way that infectious germs will cling to her as little as possible.—*N. Y. Medical Journal.*

* * *

Psychic Development in Animals.—Doctor Wesley Mills, Professor of Physiology in McGill University, recently published, in the Transactions of the Royal Society of Canada, a series of papers on the psychic development of young animals—supplementary to a paper published earlier dealing with psychic development of the St. Bernard dog and Bridlington terrier. These latter papers embody observations on the cat, rabbit, guinea-pig, and mongrel Canidæ, also upon birds. There is so little systematic record of observations on the instincts and habits of young mammals that Dr. Mills' papers are especially welcome and should be carefully perused by those interested in the interpretation of the phenomena of instinct in the light of modern theories of heredity.—*Medical Age.*

Prevalent Malarial Conditions.—When two such well-known drugs as antikamnia and quinine are offered to the profession it hardly seems necessary to indicate the especial class of affections which call for their use. Antikamnia may now unquestionably be called a perfect substitute for morphine, for internal administration. It has complete control over pain, while it is free from the undesirable after-effects of the alkaloid of opium. But antikamnia not only possesses the good qualities of morphine without the bad, but it also has the properties peculiar to the coal-tar series. In cases of malarial fever the combination of antikamnia and quinine should be given as a prophylactic and cure. For all malarial conditions quinine is the best remedy we have. But associated with this condition there is always more or less pain, which often renders the life of the individual uncomfortable, if not positively miserable. Antikamnia will remove these unpleasant symptoms and place the system in the best condition for the quinine to do its work. There are a number of ailments, not closely defined, which are due to the presence of malarial poison. All such conditions are greatly benefited by the use of this combination. "Antikamnia and Quinine Tablets," each containing 2½ grs. antikamnia, 2½ grs. sulph. quinine, meet the indications most frequently. In headache (hemicrania), in the neuralgias occurring in anæmic patients who have malarial cachexia, and in a large number of affections more or less dependent upon the cachectic condition, the regular administration of these tablets will produce the most happy results.

* * *

Rhinitis in Children.—A practical article on this subject, by Dr. C. Theodore Sauer, of Brooklyn, was published in the May *Council.* However, most parents (and many physicians) think that there is but little necessary to be done with these cases in summer, as they give no trouble then—somewhat on the principle of the famous settler who gave as his reason for not mending his roof in dry weather, "because it didn't leak then." There is in most of these cases a subacute or chronic inflammation of the naso-pharyngeal membrane which renders the patient abnormally subject to exacerbations, called acute colds. Great injury is done to the individual's physical and intellectual development by allowing this condition to continue. Hence, we wish to urge the importance of thorough examination and suitable local treatment of these cases in summer, when the treatment can go on without the interruption caused by the repeated acute attacks which occur in winter.—*The Medical Council.*

The Canadian Medical Review

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THE attention of the Medical Profession is respectfully drawn to the uniform success attending the treatment of Alcoholism and Morphine Addiction at Oakville. A prominent medical man in Toronto has, within the last few weeks, paid a glowing tribute to its efficacy in the case of one of his patients who had long since lost susceptibility to the ordinary form of treatment employed, and whose life seemed to hang in the balance. Many come to Oakville in the last stages of the malady, yet of these but two cases in four years have proved to be beyond reach of our treatment, a record well deserving the thoughtful consideration of the profession For Terms, etc.,

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THE

Canadian Medical Review.

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VOL. IV. TORONTO, OCTOBER, 1896. No. 4

Original Communications.

Inaugural Address—Toronto Clinical Society.

BY THE PRESIDENT, DR. ALLEN BAINES, TORONTO.

FELLOWS of the Toronto Clinical Society, I beg to thank you heartily for the honor conferred on me by election to the highest office in this Society. It is with considerable diffidence, I can assure you, that I assume an office which has, in past years, been occupied by men whose skilful work and honest zeal have raised them to the high position in our medical world which they now hold. Comparing myself with such, I, of course, feel indeed most unworthy, and I ask the Society to-night to deal charitably with whatsoever shortcomings may be found in me, and to rest assured that I will do my best to follow in the steps of these my predecessors and to advance the objects and purposes of our Society. To this end I hope to procure for every meeting subject matter of such true clinical importance as to ensure the most earnest discussion and the most valuable deductions therefrom. In this manner your interest will be gained and the meetings will become a "multum in parvo" of clinical instruction, and will escape the ever present danger of deteriorating into a mere airing ground for medical

knowledge that falls wide of the matter in hand. I would therefore beg any fellow intending to present a case to kindly acquaint our Secretary as early as possible with the title to be selected for the paper or specimen, whatsoever it may be, in order that we may have the opportunity of looking over the literature of the subject, and of diving into the archives of our memories for any personal experience we may possess. By so doing the fellows taking part in the discussion can easily give the Society facts clearly and connectedly stated and not strung together in a desultory manner, as is frequently the case when called upon on the spur of the moment. Surely there are none of us but would greet discussion prepared in such a manner with delight, and I feel certain that time thus taken would in a few months yield a rich harvest and convince the Society of the value of such earnest work.

It may indeed be said that busy men, such as we all are, have no time to go in for minutiæ. That depends upon the man. I have found our house staff at the General Hospital, and senior students ready and only too willing to make sections, preparations, urinalyses or other analyses, which work is in many instances of absolute necessity to the proper presentment of a case. The facilities for such minute observations are constantly being increased by science. Among the latest and most important of these stand the Roentgen rays, by whose aid, even in its present imperfect stage, the surgeon is in many cases changed from a blind man who gropes in unseen places with acute and sensitive but still uncertain touch, to one whose hand is guided by perfect sight. Of this marvellous discovery we can avail ourselves through the kindness of Dr. E. E. King, who has placed himself and his camera at the disposal of any member who wishes by this means to make a clinical report more perfect. These adjuncts are of the greatest possible value, in fact in many surgical cases are now indispensable, and the Society is indeed fortunate in possessing a member so skilled and accomplished in this intricate art. I am sure I voice the sentiment of the Society in the hope that Dr. King will give us, as frequently as possible, an exhibition of the advances that are being made so rapidly in this wonderful science.

I dare not attempt to give a resume of the briefest description of the work done in the medical world during the past year. Indeed, to give a list of the various books that have appeared on medicine, midwifery and surgery, to say nothing of the vast number of treatises on specialties, would take up a considerable part of this evening's time. Much of the paper covered with these compilations (called "original works") might have been used in a much worthier cause.

The burning question of antitoxins, animal extracts, blood serums, etc., flame vividly as ever. The journals teem with articles side by side, laudatory and condemnatory, so that the ordinary practitioner is in a quandary as to how much confidence he should place in these dubious compounds. On one hand we find a man like Joseph Winters, Professor of Diseases of Children in University of New York, one of the brightest and best known pediatricians of the day, who, after months of his valuable time spent in tracing from hospital to hospital, city to city all the world over, the action of the diphtheritic antitoxin, pronounces it, in a tersely written article prepared for the *Medical Record*, June 20, 1896, as useless, and even harmful—therein, by the way, agreeing with the opinion of our worthy Medical Health Officer, expressed more than two years ago. On the other hand, men of the well known attributes possessed by Koplik, Chapin, Booker and others, have published results which would go to prove the remedy almost a specific. In the face of such conflicting opinions pronounced by men of equal skill and fame, after equally zealous and unbiassed search for truth, I repeat that the ordinary practitioner, if he be not over self-confident, must feel an uncertainty leading to feebleness of action which will continue until there has been time in which to marshal hosts of cases before the judgment seat of science in order that the case may be decided by the evidence of the majority. This question, then, is for the whole medical world in general, and for us in particular; and in concluding my remarks on our practical work as a Society, I would like to remind myself and you that by every earnest discussion and well-weighed conclusion arrived at in these meetings, we are adding our mite to the advancement of our great branch of science. Undoubtedly this and kindred societies afford us all an opportunity of crystallizing our theories into facts through the medium of reporting all cases of an instructive character, and inviting free discussion and friendly criticism.

Since last year, death has entered our ranks for the first time in the annals of our Society, and has taken two familiar faces from our circle: those of Dr. McFarlane, and Dr. Cook, of Simcoe Street. Standing thus in the presence of death we are reminded, amid our efforts for the healing of men, of the futility of the greatest skill when the Highest Power has sent His reaper. The first empty chairs, and the first greetings missed from a friendly circle must always be sad. In the case of Dr. McFarlane, it is more so than usually, for, to quote Mr. Gladstone's words on the late Archbishop of Canterbury, "he died as a soldier" while in the active exercise of that most noble part of a medical man's duty, the tending of those poorer citizens

who depend for chances of healing upon these acts of mercy. In an effort to save life, our late beloved friend lost his own, and we shall always think of him as one who died honorably upon the open field of battle. These poor words and others from worthier lips that have preceded them, must take the place of the laurel wreath which was so fairly won. As former President of this Society, Dr. McFarlane was deservedly popular, and through all the years of our co-operation as fellow-members, we have all felt, I am sure, that his ready tact and genial manner, and kind and trustworthy nature have gained him the esteem, nay, the love, of us all. To speak of his surgical skill, well known to all, were out of place here. This is not an eulogium of the surgeon, but a tribute of affection to a man and a friend who has left us a bright example of self-sacrifice on the path of duty.

Dr. Cook, of Simcoe Street, died only a few days ago after a short illness of an incurable and very painful nature, bravely borne. His loss is keenly felt by all his patients, who were attached to him, not only in the character of physician but in that of a household friend whose sympathy was ever ready, both for the sufferer and the anxious watchers. We have placed this tribute of our esteem upon the newly made graves, and, turning back to life and work, synonymous words in our profession, I will, in conclusion, express the earnest hope that next year the same goodly number may meet as are present with us to-night.

The Passion for Prescribing.—Gonelle, a jester at the court of the Duke of Farrara, insisted that the trade which had the most followers was that of doctor. To prove his assertion, he left home one morning wearing his nightcap and with jaws wrapped up, pretending to suffer from a toothache. Every person he met had some advice to give. When the jester entered the presence of the prince, the latter declared that he knew something that would "take his pain right away." Gonelle instantly threw up his kerchief and remarked: "And you too, Monseigneur, are a doctor; I have only passed through one street in coming from my house, and have counted more than two hundred of them. I believe I could find ten thousand in the city." Whether the story is true or false, it could find practical basis in this day. There is probably no one who has not permitted himself to give medical advice to an ailing person in passing. It is a common affair to remark that a person was "cured" by such and such a remedy—"Try it!"—and to jeer at the doctors who know nothing about the affair.—*Popular Science Monthly.*

The Theory of Eliminative and Antiseptic Treatment of Typhoid Fever.

BY W. B. THISTLE, TORONTO.

[Abstract of a paper read at the Canadian Medical Association.]

SINCE the writer had published his first paper on this subject in April, 1893, and the objection that such treatment was accompanied with danger was now seldom heard, still there existed much misconception regarding the ideas which underlay this form of treatment. An example of such misconception had been shown in a very inaccurate report of the eliminative and antiseptic treatment which appeared in a recent edition of a well-known work on the practice of medicine. The writer of the book had stated that the treatment of the disease was based on erroneous ideas as to the pathology of the disease, that this form of treatment was administered under the idea that the specific bacteria were confined chiefly to the intestine. The writer of the book had stated positively that the specific bacteria were not present in the intestine until the ninth day of the disease. The author had further stated that the specific germs were found in the spleen and other parts of the body, the reader being led to infer that the advocates of the eliminative treatment had failed to appreciate that fact. The essayist then reiterated his views as to the pathology of typhoid fever. The toxines generated by the germs produced the phenomena of the disease. In his former papers the essayist had held to the view that the toxæmia was induced by more than one form of bacterium, that the bacilli coli communis contributed to the poisoning.

During the progress of the disease there is a continual augmentation of the toxæmia by the absorption of toxines from the intestine and of quantities of poison produced by colonies in the spleen, mesenteric glands and Peyer's Patches. Recent investigations had confirmed his views as to the nature and extent of the poison. He had also questioned the correctness of the very generally accepted statement that the specific bacilli were present during the first nine or ten days. This contention, too, had been agreed with by recent observers; for the bacilli had been found in all stages of the disease, distinction between Eberth's bacillus and the bacillus coli having been made by perfected methods of bacteriological investigation. So that his great error, according to the author referred to, in supposing that the bacilli were

present in the early days of the disease, was not an error. Continuing, the essayist said :

However, before entering upon the treatment there are some fundamental facts which it is necessary to keep prominently in view in order to appreciate the logic of eliminative treatment.

1. There is the constant augmentation of the toxæmia. The toxine produced by bacilli in the intestinal contents and that produced by the colonies located in Peyer's Patches and the mesenteric glands is constantly being conveyed into the general system. Poison produced by colonies located in the spleen as in the other viscera would reach the circulation at once.

2. From the intestinal bacilli, both specific and bacillus coli, are carried to further increase the number in Peyer's Patches, mesenteric glands and spleen.

3. That death comes in typhoid in two ways, leaving out accidents such as epistaxis, etc., either by excessive accumulation of toxines in the body or by the excessive local action of the toxines on particular tissues.

Roughly it is said that eighty per cent. of the fatality in typhoid is due to toxæmia, that is, the constant augmentation of poison, either directly by overcoming the centres or less directly by producing exhaustion, proves fatal. The remaining twenty per cent. of the mortality includes of course the rare and accidental causes, but is mainly made up of the cases that die from excessive local action of the toxines on particular tissues. By far the greater portion is due to hæmorrhage and perforation, two accidents incidental to necrosis. So much of the toxines accumulates in Peyer's Patches owing to the facility with which bacteria, specific and bacillus coli, and toxines are carried from the intestines to still further increase the amount of toxines in the gland. The gland tissue at first irritated, is no longer able to resist the prolonged action of the ever-increasing toxines, and death of the part occurs.

Let us now notice the defensive measures against the condition described.

1. There are the channels through which toxic substances are got rid of.

These are: 1. The biliary secretion. By means of the bile, toxic materials are abstracted from the body and poured into the intestine, and so out of the body. Bouchard estimates the toxicity of bile as nine times greater than that of the urine. 2. Next to the bile as a means of eliminating poison from the system comes the urine. 3. The serous secretion into the intestine would, in case toxic

materials were in the circulation, necessarily carry some of the toxine with it.

A further defence is found in the resistance and aggressive action of the tissue cells themselves. Indeed, in cases that recover, the bacilli in the body must be destroyed in this way, excepting, of course, those that escape by the urine. Just here it may be noticed that the aggressive and defensive action of the tissues is in inverse ratio to the extent of the toxæmia.

The plan of treatment which I in 1893 brought forward as the eliminative and antiseptic treatment of typhoid consisted in the administration of frequent doses of purgative medicines, the exhibition of purgatives being continued daily throughout the entire disease.

With the employment of purgatives was associated the use of antiseptics, chiefly salol. To compensate for the withdrawal of so much fluid from the body by so frequent purgation, as well as to dilute and also facilitate elimination of poison, the ingestion of large quantities of water was enjoined. The purpose of giving purgatives is :

1. To interrupt the process of infection, that is, by sweeping out the intestines to clear away bacilli specific and non-specific, and also toxines which would otherwise go to increase the number of bacilli in the body and to increase the existing toxæmia.

2. To counteract at frequent periods the continuous augmentation of toxines in the body by carrying away the toxic bile poured out into the intestine, which if not carried out is again taken up and returned to the system.

3. To further deplete the volume of toxine by causing a free secretion into the intestine, bringing with it poison.

4. The constant clearing of the intestine must lessen the extent of the local lesion because it cuts off the base of supply from which bacilli and toxines are carried to Peyer's Patches to reinforce the bacilli and toxines already in possession.

It is stated in the *Maryland Medical and Surgical Journal* that a well-known surgeon of Baltimore, as a protection against law suits, keeps a book in which he has printed a form which all patients must sign before submitting themselves to an operation while under his care. In the case of a married woman the operation is explained to herself and her husband and both sign the release, and, in case of the absence of a husband, the nearest responsible male relative witnesses the signature of the woman.

Clergyman's Sore Throat?

BY PRICE-BROWN, M.D., TORONTO.

[An abstract of a paper read at the meeting of Canada Medical Association, Montreal, September, 1896.]

THIS name was usually confined to two diseases, follicular pharyngitis and chronic laryngitis. The intention of the paper was to include the many varieties of diseases which produced sore throat in clergymen. It was often necessary to look beyond the pharynx and larynx to get at the origin of the evil. The term "Clergyman's Sore Throat" was inappropriate and unscientific.

Hence having no definite and distinct meaning, being ignored by some writers and differently defined by others, it would be better if both physicians and laymen would for the future consider the term obsolete. The writer adds emphasis to this idea by the remarks made in reference to distinct diseases, which patients suffering from so-called clergyman's sore throat have really been afflicted with.

It was now an acknowledged fact, well understood by the profession generally, and particularly emphasized by laryngologists, that the large majority of cases of chronic throat disease have their origin in nasal or naso-pharyngeal obstruction of one kind or another. Wherever we have nasal stenosis we have oral breathing, leading to throat irritation and other attendant evils. Voice users, of which perhaps clergymen are our most representative class, often suffer from this cause, and the soreness experienced in the throat is naturally referred to by them as the disease itself, instead of the effect of disease situated in another organ.

During the ordinary act of respiration the nose, when in a normal state, performs a threefold duty:

1. It cleanses the air from impurities, as it passes through the vibrissæ and over the ciliated epithelium.

2. It heats the air to a blood temperature by the time it reaches the naso-pharynx on its way to the lungs.

3. It saturates the air by the moisture thrown out as serous exudation by the venous sinuses of the turbinateds.

The nose can only perform this triple function when normally open enough to allow of free nasal breathing; and it is only of recent years that the importance of air saturation before reaching the naso-pharynx has been sufficiently recognized.

The researches of Aschenbrandt, Kayser and Bosworth have established the fact beyond dispute, that the venous sinuses of the turbinateds discharge by transudation from twelve ounces to sixteen ounces of serum per diem for the definite purpose of saturating the air in its passage downwards. The venous sinuses discharge this fluid either by the tubular mucus glands of Zuckerkandl or by the minute serous canals of Chatellier, probably by both, as many believe the two to be identical.

However that may be, the turbinateds alone possess venous sinuses and tubular canals, and consequently no other bodies can effectually perform their functions. The posterior pharynx is not supplied with this intricate apparatus for irrigation; and when nasal breathing is cut off from whatever cause, the small amount of moisture in the throat is immediately picked up by the air in breathing, leaving the mucous membrane in a parched condition and producing to some extent the soreness of which clergymen so often complain.

Let oral breathing once become established, particularly when from any cause the voice requires to be used in an unusual degree, and follicular pharyngitis is one of the most frequent results. Thick, tenacious mucus will be secreted in the throat, with the resulting screatus to clear the parts of the viscid substance.

Sometimes, too, the palatal muscles are brought into such constant action, in the effort to procure relief, that the uvula becomes elongated and thickened. From its newly acquired size, it in turn becomes a foreign body lying on the tongue and inducing efforts of unavailing deglutition.

Another effect, not by any means unfrequent, arising from this abnormal pharyngeal exposure, is catarrhal and follicular tonsillitis, with enlargement and hardening of these bodies.

Still another result of obstructed nasal respiration, particularly so with clergymen, is hyperæmia of the vocal chords, accompanied by hoarseness, soreness and catarrhal secretion.

It is quite possible that these symptoms may sometimes arise from reflex action of the sympathetic and pneumogastric nerves, caused by an abnormal condition of the stomach and other digestive organs, and in which the nasal respiration is free and unobstructed; but the fact remains, that the majority of chronic throat affections, particularly in clergymen, owe their origin to nasal obstruction of one form or another. Hence, it should be our first duty in every case to examine the nose and naso-pharynx thoroughly, before concluding that the throat disease had its origin in the pharynx *de novo*.

The writer concludes by giving the history of ten cases of throat

disease in clergymen, selected from a record of twenty-five. They were chosen as representative cases, all differing from each other as to cause, but all presenting similar throat symptoms. Four-fifths of them, or eighty per cent., owe their origin to nasal obstruction. The treatment in all cases was the removal of whatever obstructions existed, followed by mild spray treatment during the process of healing, care being always taken not to excise too deeply, or to remove in any way the normal tissue. As a result the throat symptoms in all cases improved and in many disappeared.

The cases reported were epitomized as follows :

In one there was a large polypus in one nasal cavity,

In one a dislocated columnal cartilage,

In one a twisted or contorted uvula,

In one hypertrophy of the faucial tonsils,

In one ulceration in the hyoid fossa,

In two there were septal ridges,

In two septal spurs,

In two catarrhal hypertrophy of post-septum,

In two elongation and hypertrophy of the uvula,

In two pharyngeal granulations,

In three turbinal hypertrophies,

While in only one was there entirely uncomplicated laryngeal disease.

Rest after a Meal.—The question has very often been raised whether rest after a meal is favorable to digestion. Some persons cite the example of animals who lie down and go to sleep after eating, while others claim that sleep during digestion makes the mind sluggish and predisposes to apoplexy. M. Schule, of Fribourg, has endeavored to solve the question by chemistry. In two cases where the stomach was normal he removed the contents and analyzed them a few hours after meals, followed in some cases by sleep and in others by simple rest, in a horizontal position. According to these experiments the regular effect of sleep is to lessen the power of contraction of the stomach, while the acidity of the gastric juice increases ; on the other hand, rest in a horizontal position stimulates the motion of the stomach without increasing its acidity. The inference is that it is well to rest after eating, but without going to sleep, particularly when one is affected with a dilated stomach or with hyperacidity of the gastric juice.—*Medical Times.*

Society Reports.

Toronto Clinical Society.

The regular meeting was held in St. George's Hall, October 14th, President Dr. ALLEN BAINES in the chair.

RESOLUTION OF CONDOLENCE.

A committee was appointed to draft a resolution of condolence to be forwarded to the daughter of Dr. Cook, lately deceased, a Fellow of the Society.

The inaugural address was delivered by Dr. ALLEN BAINES, see page 93.

Resection of the Ribs —Dr. A. PRIMROSE reported a case in which he had done resection of the ribs and parietal pleura in a long-standing case of empyæmia. He gave an historical resumé of the treatment of these cases. Mounted specimens of portions of the ribs (third to ninth) were presented, which had been removed from the patient whose case was reported.

Chronic Cystitis.—Dr. J. F. W. Ross reported two cases of obstinate chronic cystitis (non-tubercular) treated by drainage through the vagina, with recovery after many months. Case one was of long standing, had been treated in many ways by many men, but grew worse. The patient had become exceedingly emaciated, could not sleep, had acquired the morphine habit, and suffered excruciatingly from tenesmus. The bladder wall was very much thickened. For some months after the opening was made improvement was slow, but finally complete relief and recovery was brought about. The wound was subsequently stitched up. Dr. Temple concurred with the treatment described in these cases. He reported cases in which a similar procedure was followed by complete relief. In one case the patient was so relieved that she positively refused to submit to the second operation for closure of the fistula. Dr. Ross presented three very large gall-stones he had recently removed, averaging one inch in the long diameter, and half an inch in the transverse.

Myoma of the Uterus.—Dr. A. A. MACDONALD reported a case of removal of myoma of the uterus with the adnexa. (Will appear in next issue of the REVIEW.) In discussing the paper, Dr. Ross said

he had used the clamp for the last time. He pointed out the dangers of its use. The leading American hysterectomists were abandoning this method. His method was to do total extirpation of the uterus and treat the stump extra-peritoneally below.

Cases in Practice.—Dr. Wm. Oldright reported several cases in practice and presented specimens. First, a pair of pus tubes and a small uterine fibroma. Second, a hæmato-salpin gyes, a corpus luteum, and a little finger, removed for an enchondroma of two of the phelanges.

Editorials.

Snobbery Rampant.

"The Medical Service in the British Army is rapidly deteriorating, owing to the snubbing which its members constantly receive from the commander-in-chief of the army and his subordinates among the so-called combatants. There are at present, it is said, about forty vacancies and no candidates can be found to fill them. The pay at some stations does not meet the medical officer's necessary expenses, but one of the most galling points in the situation, says the *Medical Press*, is the supercilious social attitude, for the most part, assumed by the combatant officers. The newly fledged army medical, who is, in nine cases out of ten, a man of liberal education and decent social position, finds himself the only medical man on a station. He is admitted, not as a right but upon sufferance, to the officers' mess, and is thus at once introduced to the system of arrogant social snobbishness with which the British army is still cursed, at any rate, so far as its medical branch is concerned. What wonder if the medical schools now warn all students against choosing the army as the scene of their future career? It will be interesting to observe what impression the dearth of candidates will have on the heads of the department." So says the *Medical Record.*

It should be added that the present head of the Medical Department is a man who has never seen active service. What can he know practically of the requirements of an army in the field? Possibly he is easily moulded by his combatant superiors, being personally inexperienced in active warfare. The Review has often recommended the medical service of the army to Canadian students. It now must warn them against it until better terms are granted and medical officers are treated as gentlemen.

The Incomes of City Practitioners.

That these have fallen off greatly during the past few years there is no gainsaying. For this several reasons are ready at hand.

In the first place, there is a certain attraction about living in large cities, and therefore an undue number of doctors make in them their homes.

Then again, commercial depression causes people to be a little careful about consulting doctors for every ill. This certainly keeps many from coming from the country to consult the city doctor, or from sending for him.

Further, the doctor in the country and smaller towns is now a much better all round man than he used to be. There are few things that are done in the city that cannot now be done in the country.

Most of the towns of five or ten thousand, or even less, have their specialists in gentlemen who go from time to time to Europe or New York and acquire a thorough knowledge of their special work.

But the towns and smaller cities have now their well regulated hospitals, where major and minor surgical work is performed with much credit to the operators. These gentlemen are now in the position to be somewhat independent of the city physician or surgeon, or indeed to be perhaps jealous of him.

These provincial town and city doctors are not likely to recommend their patients to come to Toronto, in order that the medical men of the latter may grow rich at the expense of the former. It is only natural that every effort will be made to prevent patients acquiring the habit of coming to Toronto.

It is becoming more and more apparent every year in New York, Chicago, Philadelphia, London, Eng., and other great city centres, that the volume of country or out of town work is decreasing. The reasons for this we have just pointed out. This condition of things will certainly increase as time goes on. The number of rural specialists and hospitals are increasing apace. This bodes no good to those in the few large cities.

Laceration of Perineum.—Dr. Batman, of Indiana, says: 1. The obstetrician has not discharged his full duty to his patient until he has carefully determined the location and extent of all injuries to the soft tissues of the pelvic outlet occasioned by the labor, and has repaired such as are susceptible of immediate repair. 2. The time is

not far distant, if not already here, when the courts will take cognizance of failure to render such services when thus indicated, since they are a part of the service which the thoroughly equipped practitioner renders his patient. The only amends which can be made for failure to make the immediate repair, in case the attendant is not prepared with appliances and a knowledge of the technique of the procedure, is to call for assistance upon some one that is prepared.

* * *

Treatment of Appendicitis.—Dr. F. C. Wells, of Chicago, in *Chicago Clinical Record*, August, summarizes his treatment as follows: Absolute rest in bed is necessary. Of sixteen cases, he has had only four that he has turned over to the surgeon. In two of his cases there was no previous constipation. In one there had been diarrhœa. One grain each of calomel and soda is given every hour until the bowels move freely. Hot fomentations are applied, and the surface well moistened with a mixture of turpentine and camphorated oil. Good-sized flaxseed poultices are useful. The diet is limited to milk. Opium is ordered for the relief of the pain, although its use is condemned by some. There seems to be a connection between rheumatism and appendicitis, and in suspected cases of this kind, two in number, salicylates have been pushed freely with the greatest advantage. The high injection of hot water is of decided benefit.

* * *

The Management of Pertussis.—Charles G. Kerley, of New York, in the *New York Polyclinic* for 15th August, remarks that, after a most careful study of the leading remedies for whooping-cough, the following conclusions may be safely laid down: 1. Treatment by insufflation of powders into the nostrils is of no value, neither is the cresolene lamp, nor the use of embrocations. 2. Belladonna is of no use whatever, though given to the point of physiological effects. Alum, extract of horse-chestnut leaves, dilute nitric acid were equally worthless. 3. Quinine in doses of ten grains to fifteen grains every twenty-four hours to children from three to five years of age during the paroxysmal stage was often very effective in lessening the attacks in severity and frequency. 4. Bromoform is of no value, and may be dangerous. 5. The bromides are helpful to a certain extent, the best being the soda salt. 6. Antipyrin was of the greatest service. For a child of eight months, gr. ss. every two hours; for fifteen months, one gr. every two hours, from two years to four, two grs. This may be combined with soda bromide. No bad effects noticed.

Charcot-Leyden Crystals.—Dr. David Riesman, in *Philadelphia Polyclinic*, September 12th, describes a case that came under his observation suffering from severe paroxysmal cough. The sputum was scanty, tenacious, greyish-white, and frothy. The sputum under examination yielded the Charcot-Leyden crystals. These are sharp-pointed pyramids joined at the base. They vary in size and numbers in different specimens of sputum. These crystals were detected by Charcot in 1856 in a case of catarrhe sec, and by Robin in 1853 in the spleen. They have been found in the blood of leucæmic patients. They are most abundantly found in cases of asthma and emphysema. It cannot yet be be asserted that these crystals stand in the relation of cause and effect in asthma, though this is held by some good observers.

* * *

Post-Typhoid Bone Lesions.—H. C. Parsons, late of Toronto General Hospital (Johns Hopkins Hospital Reports, Vol. V.), records six cases, in five of which a bacteriological examination was possible. In one Eberth's bacillus was associated with the staphylococcus pyogenes citreus, and in the remaining four it was found as a pure culture. In one case a post-typhoid node appeared and subsided twice without suppuration. The lesion is more frequent in men and is not influenced by age. It appears from one to sixteen months after the fever, and from an examination of literature the author found but one case forthcoming in which it had occurred during the fever. Any bone may be affected, but the tibia is most often involved, while the hands and feet are especially free. The ribs and costal cartilages are often affected. The typhoid spine is probably neurotic and not, as has been thought, due to organic change. Pain is the first symptom, and is usually localized to the seat of subsequent necrosis; in character it resembles that of secondary syphilis. Swelling follows. Resolution without necrosis may occur, or, on the other hand, there may be exacerbations and recurrences. Fever is absent, and the clinical course is very chronic. Trauma may, by lowering the vitality of the bone marrow in which typhoid bacilli can remain latent, be a causal factor, but a history of injury is often absent. Keen has shown that overstrain or muscular exertion may give rise to necrosis of bone after typhoid fever. Sinuses left after opening abscesses may remain open for long periods and the discharge be quite free from any micro-organism except the typhoid bacillus. The most satisfactory treatment is complete removal of all the diseased tissues. The prognosis is good.

Another Delicate Operation, as reported in the *Telegram*, August 6, 1896: "Physicians in the Hospital for Sick Children have completed a successful operation upon little Lawrence Millsap, son of an Orillia district farmer, trephining in two places the lad's skull, injured a year ago. He was brought to the hospital two weeks ago, when it was found that the pressure of the injured portion of the skull upon the brain caused the fits the boy has for the past year been subject to." The obiquitous reporter, in his thirst for items, evidently does not know that in publishing such notes of cases in the daily press he is doing an injury to the standing of the hospital which he evidently wishes to laud.

* * *

The Fibroid Uterus.—Dr. George E. Shoemaker, in *The University Medical Magazine* for August, has an article on the above subject. The amount of hæmorrhage and pain and the size of the tumor all go to determine the propriety of operating. The tumor may not be large and give rise to very serious pressure symptoms. The attempts at treatment by medication, electricity or curettage are very likely to disappoint. They can only yield temorary improvement; and the question of operation has ultimately to be considered. The drugs that yield the best results are fluid extract hydrastis, and ergot in doses from ten to thirty drops. Their effects are very uncertain. When the tumor is in the lower segment of the uterus, and the patient is pregnant, it may be necessary to consider the complete extirpation of the organ, as labor would be impossible on account of the condition of things. The pain in some cases of fibroids becomes a prominent feature and calls for operation for its relief. The pain due to pressure and traction on adjoining organs may be extreme. The size of the tumor may become the leading feature, and justify interference. The weight of the tumor and the appearance produced have a very bad mental influence on the patient. Continued bleeding, though not severe, is sure to produce much disturbance. The different methods of removal are discussed: 1. Removal per vaginam. 2. By abdominal section. The latter has the writer's preference. When the abdomen is opened, the tumor may sometimes be enucleated without removal of the uterus. When the uterus must be removed, he prefers amputation of the cervix. The peritoneum is brought together and stitched so as to bury all cut surface. The removal of the ovaries and tubes is not recommended as a reliable means of treating fibroids. These tumors sometimes keep on growing and bleeding and growing after these operations and after the menopause. When the abdominal cavity is opened, it is much better to deal directly with the uterus.

Book Notices.

Practical Notes on Urinary Analysis. By WILLIAM B. CANFIELD, A.M., M.D., Lecturer on Clinical Medicine, University of Maryland; visiting physician to the Union Protestant Infirmary, Bay View Hospital and Hospital for Consumptives of Maryland; medical examiner, Manhattan Life Insurance Co., etc., etc. Second edition revised. Detroit, Mich.: Geo. S. Davis. 1896.

The importance of a knowledge of urinary analysis is so well known that it need not be dwelt on here. It is admitted that as a routine practice the urine of every patient should be examined.

This is a convenient book. It gives, after reviewing the general character of the urine, the tried and reliable tests for detecting normal and abnormal substances in the urine. Several new tests have been added. Great care has been taken by this noted and erudite writer in preparing this little volume of six chapters. The illustrations are good and accurate.

Buy a copy, it only costs a quarter, and may assist you to make many a correct diagnosis.

* * *

A Practical Treatise on Materia Medica and Therapeutics. By ROBERTS BARTHOLOW, M.A., M.D., LL.D. Ninth edition, revised and enlarged. New York: D. Appleton & Co. 1896.

The additions and alterations of this well-known work have been made, as the author states, to dispose of the new material which the rapid development of pharmacology has contributed to the science and art of therapeutics. The eighth edition, issued in 1893, was adapted to the revised U. S. P., but while the Revision Committee were instructed not to admit proprietary medicaments, such of these as are of most importance have received due notice. In this eighth edition the metric system was introduced. For the benefit of those who are unacquainted with the original work, published in 1876, it may be of interest to state that much of its material was obtained from independent experimental investigations by the author, who was not only teacher of the subject, but a general practitioner as well. Where others' work has been utilized, the names of such authorities and their works consulted are appended to each article. A peculiar feature of the work is the stress laid on the subject of alimentation. The therapeutical applications have been based on the physological action to a great extent: but he has not omitted such empirical facts as have been well

founded by professional experience. Looking at that which is written at a particular remedy, the name, forms, incompatibles, synergists, are briefly mentioned. Then the physiological action is dwelt upon at length, and still more emphasis is laid on the therapy.

The writer of this review remembers reading the first edition of this work some years ago, as a student, with much interest. With tenfold more interest he does so now, being able to observe many of the phenomena as to the action of drugs described in the book. What is said of the newer remedies is of particular interest. Perhaps, if less had been said of some of the less-used remedies and a chapter added on serum therapy, the work would have been additionally valuable.

* * *

The Feeding of Early Infancy. By ARTHUR V. MEIGS, M.D. Philadelphia: W. B. Saunders. Twenty-five cents.

In this small brochure of 14 pp. we have much valuable advice. The famous Dr. Johnson said that the most valuable books were the small ones that a person could take up in the hand and read by the fireside. This is particularly true of the little book before us. A food that the author has found of much use in feeding infants is made as follows: Good milk is allowed to stand in a long, narrow vessel for an hour; the upper half is gently poured off for use. A solution of milk sugar in water, eighteen drams to the pint, and good fresh lime water are required. The food is made by taking three tablespoonfuls of the creamery milk, two of the lime water, and three of the sugar water. The author condemns the habit of increasing the strength of the food with the age of the child. The mother's milk does not change.

* * *

The Tonic Treatment of Syphilis. By E. L. KYES, A.M., M.D., late Professor of Dermatology, Syphilology and Genito-Urinary Surgery in Bellevue Medical College, etc. New York: D. Appleton & Co. $1.00.

The substance of this book of 78 pp. made its appearance in 1876. Since then the author has worked faithfully for twenty years on the views then put forward. His faith has not been shaken in the value of small doses of mercury continued for a long time, from two to three years. This book goes fully into the questions of inunction, fumigation, hypodermic administration, etc., and also into the use of the iodides, and the mixed treatment by means of the iodides and mercury combined. He speaks highly of the value of the hypodermic injections of mercury in deep and visceral syphilis. A high share of praise is also given to the iodides in the late secondary eruptions, and

in all conditions of visceral syphilis. The book contains a great amount of valuable teaching upon the treatment of syphilis and should be extensively read.

* * *

The Medical and Surgical Uses of Electricity. By A. D. ROCKWELL, A.M., M.D., formerly Professor of Electro-Therapeutics in the New York Post-Graduate Medical School and Hospital; Fellow of New York Academy of Medicine; member of the American Academy of Medicine; member of the New York Neurological Society; formerly electro-therapeutist of the Woman's Hospital in the State of New York, etc. Illustrated with two hundred engravings. New edition. New York: William Wood & Co. 1896.

The first edition of this most valuable work received a fitting recognition from the profession. The work takes first place as an authority on the medical and surgical uses of electricity. The second edition brings the subject up to date, and shows that the gifted author has closely followed the many advances made. In this volume he gives the profession the benefit of his close and careful observation. No advanced physician can afford to be without the knowledge which a careful perusal of this book will make his own.

* * *

A Manual of Pharmacology and Therapeutics. By WILLIAM MURRELL, M.D., F.R.C.P., Physician to and Lecturer on Pharmacology and Therapeutics at the Westminster Hospital, etc. Revised by Frederick A. Castle, M.D., Member of the Committee for the Revision of the Pharmacopœia of the United States, etc. New York: William Wood & Company. 1896.

Murrell's is a good name for the publishers to conjure with. The author had made a high reputation for himself as an able writer by his works on consumption, bronchitis, poisons, masotherapeutics, his many articles in medical journals, and his many years' experience as a teacher. The present work, therefore, must attain a high standard to keep up his reputation. This it undoubtedly does. Nowhere does the author appear to so much advantage as he does in this fine volume of 500 pp.

The first section deals with general questions such as ancient remedies, the art of prescribing, idiosyncrasy, accumulation, mode of administration, etc. This section is extremely readable and contains much valuable information.

Then comes the pharmacology or inorganic substances, as bromine, iodine, sulphur, etc. This is followed by the synthetic compounds, as alcohol, nitrous ether, chloral, etc. Then we have the drugs of vegetable origin discussed, and finally those of animal origin.

The work is not loaded down with much dry, weary matter on the many preparations of the drugs, and their chemical and physical properties. The author wisely spends his time and gives his experience on the more useful topics of their actions and therapeutics.

The publishers have done their work well. The book is handsomely printed on paper of a high quality, and the whole done up in beautiful binding. Taken all in all, we have no words but those of praise for this work, which we confidently believe will rapidly become one of the standards in every physician's library.

* * *

An American Text-Book of Applied Therapeutics. For the use of practitioners and students. By J. C. Wilson, M.D., Professor of the Practice of Medicine and Clinical Medicine in the Jefferson Medical College ; attending physician to the Hospital of the Jefferson Medical College, to the German Hospital, and to the Pennsylvania Hospital, Philadelphia. One handsome octavo volume of 1826 pages. Prices, cloth, $7.00 net ; sheep or half morocco, $8.00 net.

The arrangement of this volume has been based, so far as possible, upon modern pathologic doctrines, beginning with the intoxications and following with infections, diseases due to internal parasites, diseases of undetermined origin, and finally the disorders of the several bodily systems—digestive, respiratory, circulatory, renal, nervous, and cutaneous. It was thought proper to include also a consideration of the disorders of pregnancy. The list of contributors comprises the names of many who have acquired distinction as practitioners and teachers of practice, of clinical medicine, and of the specialties. Among others we notice the names of Drs. I. E. Atkinson, Sanger Brown, J. Chalmers DaCosta, F. X. Dercum, John Guiteras, F. P. Henry, Guy Hinsdale, Orville Horwitz, W. W. Johnston, E. Laplace, A. Laveran, J. N. Mackenzie, J. W. McLaughlin, A. L. Mason, Charles K. Mills, John K. Mitchell, W. P. Northrup, F. A. Packard, Theophilus Parvin, Beaven Rake, E. O. Shakespeare, W. Sinkler, Louis Starr, H. W. Stelwagon, James Stewart, C. G. Stockton, James Tyson, Victor C. Vaughan, and J. T. Whittaker. The articles, with two exceptions, are the contributions of American writers. Written from the standpoint of the practitioner, the aim of the work is to facilitate the application of knowledge to the prevention, the cure, and the alleviation of disease. The endeavor has been to conform to the title of the book—Applied Therapeutics—to indicate the course of treatment to be pursued at the bedside, rather than to name a list of drugs that have been used at one time or another.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Letter from Dr. Sangster.

HE REPLIES TO THE EDITORIALS IN THE "CANADIAN PRACTITIONER"—THE GRASPING POLICY OF THE SCHOOL MEN—THE OVERCROWDED PROFESSION—LOYALTY TO ALMA MATER.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—I regret that the pressure of other duties has hitherto prevented me from completing and forwarding my promised monthly letter for your next issue. As I dare hardly hope that I am yet in time, I will, with your permission, leave the continuation of the series till the November *Review* appears, and, in this, make a short though, seemingly, necessary digression.

The *Canadian Practitioner* has recently—I can imagine it was with some reluctance—published two letters of mine. Also, to the consternation of its friends, it proceeded to traverse and to garble them after the fashion approved of and practised by the *Ontario Medical Journal* before that delectable publication was privileged to "Requiescat in Hades" as my friend, Dr. James Bingham, tersely puts it. My chief purpose in addressing the readers of the *Practitioner*, through its editor, was to bring out and emphasize the fact that journals such as it and its congeners, which are established and maintained as the organs or mouthpieces of competing medical schools, cannot discuss questions of professional politics broadly or impartially—that it is vain, and, perhaps, unreasonable to expect medical school teachers and professors to so far rise above their private and corporate interests and associations, as to place the well-being of the profession otherwise than subordinate to that of the educational corporations with which they are severally identified. And furthermore, that when, as occasionally happens, one of these gentlemen ventures to pose as Mentor to the profession, or to assume the role of Censor of articles written in the interests of the medical electorate, his pretensions are apt to verge upon the ridiculous, and his criticisms become so colored by private and corporate considerations as to be, when justly appraised, worth less, except to the schools themselves, than the paper on which they are penned.

As an instance of the inconsequent trash in which these writers sometimes indulge, I may call attention to the charge gravely set forth by the editor of the *Practitioner* in his last issue, that, in the pursuance of my present course, I am disloyal to the Council of which I am a member! The events of the current year have not been provocative of "Loyalty to the Council" on the part of leal territorial representatives. This the editor of the *Practitioner* very well knows, and it may be questioned whether the is wise to thus force and accentuate disclosures which certainly do not redound to the credit of the schools. These institutions have, in the past, professed a lip loyalty to the Council, which was considered as binding only as long as that body consented to act as the mere official exponent of their educational behests. Now, on the other hand, I neither owe, nor have I ever professed to owe, any special loyalty to the Council, except as far as its decisions and acts are conceived in a spirit of fairness to the medical electorate. My allegiance is primarily, nay, is exclusively, due to the constituency I represent, and to the rights and immunities of the profession I am honored in being privileged to serve. To say, then, or to pretend that as a trusted representative of the medical electorate, I am bound to accept all the acts and decisions of the Solid Phalanx—constituted as it is constituted, and howsoever adverse these may be to the most vital interests of my constituents—without protest and lively resistance both within the Council chamber itself, and exteriorly thereto, in the independent professional, and, if necessary, also in the secular press, is a postulate so absurd, so monstrous, that, in venturing to formulate it in his journal, the editor of the *Practitioner* must imagine that he is addressing ignorant yokels or unformed school boys instead of thoughtful and intelligent men. When, as must eventually happen, the medical electorate becomes aroused so as to properly grasp the situation, and, rising to the duty of the hour, sends to that Council a solid body of representatives no one of whom can be led astray, as in the present and the past, by the artfully contrived figment of a suppositious loyalty to the Council overshadowing and superseding one's real and substantive duty to his constituents, the Council may, by a majority of votes, decide to stem the demoralizing influx into our ranks by elevating instead of tearing down the entrance standards. In that event the shareholders of medical educational incorporations will have to put up with reduced annual dividends, and one wonders whether the *Practitioner* will then so prettily prate to the Schools and their appointees about the duty and the beauty of submission, and of loyally accepting, as final, the decisions of the majority. Meanwhile,

having freely expressed his pungent sense of my imaginary delinquency, perhaps he will now tell us what he thinks of some of my fellow members in the Council—the trusted appointees of medical schools—seeking last spring to knife the Council in its very vitals, by surreptitiously approaching the Government and obtaining an Act annulling every advance that has been made in matriculation requirements during the last fourteen years, and practically abrogating the whole control of the Council over medical education.

I am tempted in this connection to advert to a cognate matter. I entertain only the highest respect and esteem for the teachers and professors of our medical schools. In my letters to the public and professional press I have ungrudgingly borne testimony to their great efficiency as instructors, and to their eminence and ability as medical men. In their private, their social and their professional relations they are, as far as I have the honor of their acquaintance, royally good fellows against whom no one can say, or desires to say, a single word that is unpleasant or discourteous or derogatory. In their function as members of educational corporations, however, they come into official relations with the profession and with the community, and in this, their corporate capacity, they are public men, just as liable to sharp criticism and adverse comment as are members of the Council, members of Parliament or city Aldermen or village School Trustees. I hope, and I firmly believe that, with perhaps a single exception, School professors, and, also, School appointees in the Council, are far too sensible to sympathize with the stupid claim set up, in effect, on their behalf by the *Practitioner* that, to criticize these institutions in moderate terms, or to express even strong disapproval of some of their business methods, is to be intentionally offensive or discourteous to the gentlemen who compose their several faculties! This journalistic curiosity is almost as good, in its way, as the claim made, a year or two ago, by the same writer that, to appeal to our fellow practitioners for united action in resisting the interference of the Schools in the government of the profession was to preach a gospel of bitterness, and to attempt to seduce medical alumni from their allegiance to their *Alma Mater!*

Without any attempts at such seduction on our part, College allegiance among medical men is rapidly becoming a vanishing fraction. There can be no doubt that, in the past, *ad misericordiam* appeals to College graduates to rally around their *Alma Mater* have had the effect of preventing many medical alumni from looking too closely into the pretensions of the Schools, and from actively ranging themselves in line with the Defence Association. That rope, however, which

among us was never a very strong one, has been strained beyond its power of resistance; and moreover, in this practical and materialistic age, the sharp logic of events proves quickly fatal to such mere sickly sentimentalism as that on which these appeals were based. In the great and richly endowed universities of both Europe and America, where undergraduates spend several years in residence, and receive gratuitous instruction, the institution becomes to them, and, after graduation, remains to them, really a "Benign Mother" who has earned their gratitude and loving allegiance. Measurably, the same conditions prevail among Art and Science men in Ontario. But medical students and medical schools, here, sustain very different relations towards one another. The student is not in residence; he merely attends lectures, and that somewhat reluctantly, for four or five months in the year, while the "school" exacts from him the full money value of every lecture or demonstration given, and of every ticket taken out, and of every examination submitted to, and of every "extremity" or "head and neck" dissected, and of every "parchment" conferred. And after thrusting him forth into a demoralizingly overcrowded profession, where he finds there is no place reserved for him, his "Benign Mother" proceeds to show her step-motherly qualities by evincing far more anxiety to obtain increasingly large annual grists for her educational mill, than solicitude to conserve the rights and morale of the profession, or to advance the material well-being and prosperity of her alumni. Is it any wonder, sir, that under these circumstances, and especially in view of the exasperating experiences of the present year, college graduates among us are almost universally learning to repudiate spurious claims of loyalty to their *Alma Mater?* "What in the world," asks the struggling medical man, "has my 'Benign Mother' done for me that she feels justified in claiming my assistance, or that I should continue to consent to her keeping my profession beneath her feet? It is true that she invites me to her annual feasts—where it is said that the undergraduates supply the cheer and foot the bill—and asks me to spread myself in reply to the toast of 'Our University.' And she gives me a seat of honor at her Convocations, and, generally, pats me on the shoulder, as one of her white-haired boys, with her left hand. All this is 'policy'—is a matter of business on her part. It costs her nothing, and is supposed to rope me in; and, being published with a flourish in the daily press, helps to swell the incoming October grist. And all the while, with her right, hand she is lowering the money value of my diploma, and making it harder to earn my daily bread and butter, and helping to send the profession to the dogs, by annually

shovelling into it new men by the dozen, new men by the score, new men by the hundred. When I was a student she mulcted me in every cent she could legally exact. I not only had to pay some $400 for my tickets besides examination and graduation charges, but my 'Benign Mother' sold me material for dissection at a profit of 200 per cent. or 300 per cent. and required me annually to hand over $5.00 before she would enrol my name. And if I broke a test tube or a microscope slide, or accidentally upset a bottle of acid on the laboratory table, I was assessed in damages to the utmost farthing. Really, gentlemen, the whole thing is just as ridiculous as it would be for my tailor and my shoemaker and my butcher to claim my undying gratitude and my unswerving allegiance in addition to $40.00 for each dress suit I get, and $10.00 for each pair of evening boots, and 15 cents a pound for my daily mutton."

Still, sentiment dies hard, and some men are more easily led by feeling than by conviction. If, in the coming elections, the Schools find that there has been a revulsion of feeling in the profession, they will have themselves chiefly to thank for it. They are the active agencies in furthering the undesirable drift into our ranks. Hitherto, among those not sufficiently well informed, they have successfully posed as the advocates of advanced matriculation and professional standards. The occurrences of the present year have knocked the ground from beneath their feet in that connection. They now stand forth in their true colors, as being far more anxious to obtain new students than to conserve the standards of the Council. To that end they are restive to the point of rebellion under the five years' study clause, and have secured from the Government the degradation of the matriculation requirements to a point but little, if at all, in advance of those in force before the Council came into existence.

Truly yours,

Port Perry, October 6, 1896. JOHN H. SANGSTER.

The Medical Student.

To the Editor of the CANADIAN MEDICAL REVIEW.

DEAR SIR,—A few words to the new medical students, if it may not be out of place. I understand your journal is not interested in any College, and is therefore free to express its opinion regardless of the consequences. To those who come to the medical colleges of Toronto for the first time, I would say:

Some of you no doubt in the general struggle of life will be highly

successful. After a course of several years devoted to the acquisition of knowledge, you will go forth and gain distinction in the fields of general or special practice. But on the other hand many may find the journey of life along the path of medicine and surgery by no means a bed of roses.

Art is long and life is short. There is much hard and serious work to be done. The material upon which you will be called to display your skill is the nearest and dearest to all humanity—life. You must therefore expect that as your work is of the highest order, the criticism to which you will be exposed will be of the very keenest kind.

Medicine and surgery has been a money-making calling to only a few of the more fortunate. The physician is compelled to live in good form and maintain respectable appearances. He is often called upon freely, as to his time and means, to aid many objects. All these things drain heavily upon his resources. As things now go the medical man has his full share of the anxieties of life. His rewards may be many and of high grade; but certainly they are not likely to be of a financial order.

The numbers who enter upon the study of medicine, and afterwards meet with disappointment and betake themselves to other callings, are very considerable. But the numbers who still struggle on at the healing art and yet never rise above the level of a bare living are still greater. That the practice of medicine and surgery can only afford a good income to a few becomes at once apparent when you consider the number of physicians and surgeons as compared with the population of the civilized world.

How many of the young men now entering the colleges for the first time have really seriously considered the question, What should I make after spending my time and money for four or five years at College? Would the average ambitious young man think favorably of the idea of making, say, $1,000 or $1,500 a year as a reward for such an expenditure? Those who study medicine merely as a profession and for its own sake, are limited to the wealthy as a rule, and we have not very many of such students in this country. In the language of the German proverb, "Medical study with most of the students is bread study."

It is all very well to say there is room at the top; but only a few, a very few, can ever get there. I think there are now far too many young men rushing into the learned professions.

Yours, etc.,

London, Ont., Oct. 1st, 1896. AN OLD PRACTITIONER.

Proposed Testimonial to Rev. John Watson.

To the Editor of the CANADIAN MEDICAL REVIEW.

DEAR SIR,—In the last number of the REVIEW, a correspondent calls the attention of the medical profession and especially of the Medical Council, to the prospective visit of the Rev. John Watson, D.D., of Liverpool, Eng., better know by his literary name of "Ian Maclaren." He does this to secure if possible a suitable expression of our appreciation of his touching, graphic sketch of "Doctor MacLure," who occupies so prominent and honorable a position in "Ian Maclaren's" inimitable delineation of Scottish peasant life, in his late interesting and deservedly popular book, "Beside the Bonnie Briar Bush." I am anxiously looking for your next number to see the response that is given.

It is more than probable that the portrait of "Dr. MacLure" has been but the sketching, from the writer's own mind, of figures impressed there during his pastoral visits to the sick-rooms, where he has met with, not one physician merely, but many who, by their knowledge, combined with sympathizing and judicious kindness and persevering solicitude, have commended themselves to him as illustrations of what the profession ought to be, and happily, very often is.

Now, Mr. Editor, if we are desirous of marking our appreciation of the painter of the portrait, and of the skill displayed in the picture, no time is to be lost. But what can be done? To set the Council in motion would take more time than the nature of the case can allow. Could not some of the well-known members of the profession in Toronto invite those who may be interested, to meet, informally, and discuss the question, "Shall anything be done?" If it should, what form should our expression of appreciation take? I venture to pen these thoughts. My name and professional standing would not add weight to them, so I merely sign myself

M.D. ('62), M. C. P. S. O.

[We heartily concur in expressing our appreciation for the benefit conferred by this brilliant writer, but fear that the present time is not opportune for a public presentation. It is to be hoped that when Mr. Watson again visits this country sufficient notice may be given to his many admirers in the profession in order that a suitable testimonial may be offered. We understand, however, that he is not doing badly on this tour, as his figure for a sermon and a lecture is $1,500. —ED.]

Selections.

HEART STRAIN.—Pawinski regards the caffeine as of especial use in functional and degenerative disease of the heart muscle, and especially in the early stages. Sudden heart-strain from emotion or during fever is particularly benefited by caffeine.—*Medical Times and Hospital Gazette.*

* * *

GONORRHŒA IN WOMEN.—Not less than twelve per cent. of all the women who consult the specialist, exclusive of prostitutes, have gonorrhœa or its sequelæ. It is the cause of not less than fifteen per cent. of all cases of puerperal fever. It is responsible for seventy per cent. of all cases of sterility in women. It is the skeleton in many a family closet.—*Rosenwasser, in Hot Springs Medical Journal.*

* * *

THE EFFECTS OF ERYSIPELAS TOXINES UPON MALIGNANT GROWTHS.—A committee of the New York Medical Society was appointed to ascertain the effects of erysipelas toxines upon malignant growths, and reported in part: 1. That the danger to the patient from this treatment was great. 2. Moreover, that the alleged successes are so few and doubtful in character that the most that can be fairly alleged for the treatment by toxines is that it may offer a very slight chance of amelioration. 3. That valuable time has often been lost in operable cases by postponing operation for the sake of giving the method of treatment a trial. 4. Finally, and most important, that if the method is to be resorted to at all it should be confined to the absolutely inoperable cases.—*University Medical Magazine.*

* * *

"EXAMINATION FEVER" AND STAGE FRIGHT.—Fluid extract of gelsemium in the dose of ten minims three times daily is recommended as a means of toning up those about to undergo the ordeal of examinations. An English specialist, who was much resorted to by members of the dramatic and musical professions, was very successful in the treatment of stage fright with laudanum; five to seven dops, he found, would give confidence to the most excitable actress and *prima donna* on "first nights." John Hunter was accustomed to nerve himself for the lecture-room in the same way; and it was probably this, as well as his experience of the drug in the case of sufferers from worse afflictions, that led him often to exclaim: "Thank God for opium!"—*The Practitioner.*

Bronchitis with Heart Disease.—Dr. Arthur Foxwell gives the following prescription for damaged lungs with bronchitis, complicated by enlarged heart and failing right ventricle:

℞ Pot. iodidi ..... gr. iij.
Extr. stramonii ..... gr. ¼.
Extr. glycyrrhizæ ..... gr. ij.
Ætheris sulphurici ..... ℥v.
Liq. arsenicalis ..... ℥ij.
Aquam ..... ad ℥j.

To be taken five times a day.—*The Scalpel.*

* * *

Leucocytes and the Bactericidal action of Blood.—Hahn *Arch. f. Hyg.*, vol. xxv., p. 105) has investigated the action of blood-serum and of pleural exudation of rabbits. The leucocytes in the latter were destroyed by freezing. He found that the exudation had a more powerful bactericidal action upon staphylococcus pyogenes aureus and bacillus typhosus than the blood-serum or the defibrinated blood of the same animal, and since the leucocytes were destroyed the action cannot depend upon phagocytosis in Metchnikoff's sense of the term. The author made experiments with Lichenfeld's histon-blood, in which the leucocytes remain unaffected in order to determine whether the bactericidal power depends upon the destruction of leucocytes or upon substances secreted by the leucocytes whilst still alive. He came to the conclusion that the latter is the more probable explanation.—*British Medical Journal.*

* * *

Treatment of Diabetes.—At the recent French Congress of Internal Medicine (*Sem. Med.*, August 19th) Mousse, of Toulouse, said he had tried antipyrin with the object of diminishing the amount of sugar, uric acid, and urea, but the diminution had only been fleeting. He had come to the conclusion that antipyrin should not be prescribed for diabetes. Beer yeast was of no use in his hands. He has tried pancreas in the fresh state in daily doses of 30 g., but with no better success. In his opinion the corner stone of treatment in diabetes is diet; if drugs are used, their effect should be closely watched, as they are not infrequently hurtful. In discussing the communication, Spillmann said he had treated two cases of wasting diabetes with injections of pancreatic juice. Each time the injections were given the sugar diminished and the weight remained stationary. Mousse admitted that each time he had given pancreas it had seemed to him that loss of weight was retarded.—*British Medical Journal.*

Uterine Cancer.—The great error often made is in expecting to find these women emaciated, with marked cachexia, hæmorrhage, pain, stinking discharges, etc., as evidences of the presence of malignant diseases. Pain comes on late, and is often absent. Bleeding of a profuse character is rare, especially very early in the history of the disease. Foul watery discharges, so often alluded to, are sometimes absent. An irregular flow between the periods is the symptom most often noticed, and it is important especially if it occurs in a woman past the climacteric and following sexual intercourse. Many cases are much complicated, and the dangers from the operation much increased from adhesions, the result of delays and tinkering.—*International Journal of Surgery.*

* * *

The Need of Specialists.—The highest attainment makes it both necessary and wise that there should be a division of labor with a corresponding concentration of study in special lines of work. This fact furnishes the reason and the motive for the specialist. Certainly no busy general practitioner whose daily round of duty is not limited to the usual hours of toil of the laborer, the artisan, the tradesman or other professional men, can expect to find time for that patient and persistent study of one subject which is a *sine qua non* to its mastery. The general practitioner who makes himself known to the circle in which he moves as a universal specialist is a danger to society. Equally to be dreaded is the man who assumes special knowledge and ability for special work, who by study and experience has not in some fair degree demonstrated his fitness for it.—*Charlotte Medical Journal.*

* * *

Milk Diet in Bright's Disease.—Ajello (Gior. dell. Assoc. Napol. di Med.) has studied the effect of milk diet and of mixed diet in twenty-one cases of chronic Bright's disease, and he concludes strongly in favor of a mixed diet; at any rate as far as the chronic stages of Bright's disease are concerned. Of the twenty-one cases, milk diet increased the volume of urine in nine and diminished it in eleven, and had no effect in one. The albumen diminished only in five cases and increased considerably in sixteen under milk, whilst under the same diet the urea diminished in eighteen cases, the phosphoric anhydride diminished in thirteen, the same for the sulphur in thirteen cases, and conversely under a mixed diet these elements showed an increase. Full tables are given of each case. In the acute stages the author would advise milk diet, but he is convinced that for the chronic stages of the disease a mixed diet is far better.—*Times and Register.*

The Antiseptic Treatment of Typhoid Fever.—It is not to abort typhoid fever, as Dr. Osler apparently believes, that the antiseptic treatment is employed by the large majority of physicians who have faith in it, but because it inhibits the activity of intestinal germs concerned in fermentation and putrefactive processes and perhaps facilitate the spread of the necrotic process induced by the specific organism. To claim that antiseptics are of no value in typhoid fever because, as Dr. Osler states, they are a failure in cholera, is just as reasonable as would be the assertion that they must be efficacious because quinine, an antiseptic, cures malarial fever. There are few measures or means at the command of the physician that fulfil all the indications, and he who adopts a fad to the exclusion of all other effort, be it in the line of antisepsis or hydrotherapy, fails in his duty toward his typhoid-fever patients.—*Pittsburg Medical Review.*

* * *

Operation for Atresia Vaginæ.—Mackenrodt (*Centralbl. f. Gyn.*, No. 21, 1896) points out that attempts to keep the artificial vagina open by tampons after operations for this condition are seldom permanently, if even temporarily, successful, and states that he has recently in two cases successfully substituted a vaginal wall by transplantation of flaps obtained in operations for prolapse on otherwise healthy women. The new canal is prepared and plugged with iodoform gauze till its inner surface is covered with healthy granulations, and is then lined either by several single flaps which are kept in position by a tampon, or a lining is formed by sewing a number of flaps together round a Cusco speculum, and introduced with its wounded surface external into the granulating canal, and fixed by a tampon, which in either case is not removed for eight or ten days.—*British Medical Journal.*

* * *

Influence of the Vagus on the Secretion of Urine.—Walravens (*Archives Italiennes de Biologie*, xxv., 2) confirms the observation of Masius and others that faradization of the peripheral end of the vagus in the neck arrests the flow of urine. This effect is not, however, obtained if the animal is first atropinized. Hence Walravens considers that the arrest is due simply to the action of the vagus upon the heart and circulation, and not to any vasomotor fibres going from it to the kidney; if these existed, they would not be paralyzed by the small dose of atropine, which obviates the action of the vagus upon the heart. The author holds that all the observed facts may be explained by the variations in the aortic pressure. Stimulation of the central end of the vagus is found usually to increase

the flow of urine, though there is often no effect. This, again, is probably due to rise of blood pressure, and is related to the polyuria following puncture of the fourth ventricle. Walravens thus concludes that the vagus exercises no secretory influence on the kidneys.—*British Medical Journal.*

* * *

The Best Method of Closing the Abdomen.—Dr. Bantock, of London, opened this discussion with an elaborate paper of which the following were the conclusions: 1. Bacteria do not play any part in the production of suppuration, but are the result and not the cause of the conditions under which they are found. Hence abscess in the wound or in the track of the sutures is not due to the entrance of "germs" or fully formed bacilli, but in the former case to the presence of matter acting the part of a foreign body, and in the latter to strangulation of the tissues by too tight constriction by the suture. 2. In ordinary cases the simple interrupted suture alone is sufficient for all practical purposes. 3. In very thin or very fat subjects it is desirable to close the peritonæum separately by continuous suture, while the remainder of the wound may be closed in one or two stages. 4. For the simple interrupted suture silkworm gut forms the best material, while for the buried suture catgut not chromicized will probably be found preferable.—*Medical Record.*

* * *

The Ovary as a Drug.—A writer in the *Gazette Medicale de Paris* for August 15th says that the success obtained by thyroid medication induced M. M. R. Mond (*Deutsche Medicinische Wochenschrift*, April 7th) to try the administration of ovarian substance in troubles due to functional inadequacy or extirpation of the ovaries. He employed tablets prepared by Merck from the cow's ovaries; they contained equal parts of salt and of ovarian substance. There are three kinds of tablets: 1. Those made from the ovarian substance. 2. Those made from the cortical substance. 3. Those made from a substance which is precipitated at the expense of the contents of the follicles. Up to the present time the experiments have been made with the first and the third only. Cases of total or partial extirpation of the annexa, cases of amenorrhœa with atrophy of the genital organs, and a case of rudimentary uterus with defective development of the ovaries were treated with "ovarine." The amount given was from four to six tablets a day, each containing eight grains. In eight out of eleven cases amelioration or disappearance of the pains was obtained. It is not possible, says the writer, to pronounce a definitive judgment on this mode of treatment, but we may hope to draw some profit from it.—*N. Y. Med. Jour.*

Miscellaneous.

A son of Rokitansky, the celebrated Austrian pathologist, died recently in Vienna at the age of sixty. The deceased was for thirty years a member of the company of the Imperial Opera in Vienna, and for ten years a professor at the Conservatorium.—*The Medical Bulletin.*

* * *

The following letter from Dr. C. S. James, of Centreville, Iowa, indicates that Kellogg's Funis Ring Applicator is gaining in professional favor. Dr. James says: "I have been using the 'Funis Ring Applicator' for the past several months, add I now consider it one of the essentials of my obstetric bag. It not only affords the physician a degree of satisfaction and sense of security, but its use exerts a certain psychical influence upon the mother and nurse that is remunerative. To say I am pleased is expressing it mildly."

* * *

The Death of Sir John Erichsen.—Sir John Eric Erichsen, who died September 23rd, was one of the foremost representatives of British surgery. As his name implies, he was of Danish descent. He was born in 1818, and studied medicine at University College Hospital, where he was the pupil of Liston. By a combination of circumstances through which rapid promotion was facilitated, he was appointed professor in University College at the age of thirty-two. He became famous as a clinical teacher, and among his pupils were Sir Joseph Lister, Sir Henry Thompson and Marcus Beck. In 1866, on the resignation of Richard Quain, he became professor of clinical surgery in University College, and this position he held till 1875. At the time of his death he was emeritus professor of surgery and consulting surgeon to University Hospital, and to many other medical charities. He had been president of the Royal College of Surgeons of England, of the Royal Medical and Chirurgical Society, and of the Surgical Section of the International Medical Congress of 1881. He was appointed secretary of the Physiological Section of the British Association for the Advancement of Science in 1844; was member of the Royal Commission on Vivisection in 1875; was surgeon extraordinary to the Queen, and had been president of University College, London, since 1887, succeeding the Earl of Kimberly.—*Boston Medical and Surgical Journal.*

Sanmetto in Affections of the Genito-Urinary Tract.—Dr Robert Park, M.D., L.F.P.S. Glasg., L.S.A., M.R.C.V.S., etc., 288 Argyle street, Glasgow, Scotland, says: "I find in Sanmetto an extremely elegant preparation, and one very effectual in remedying those medical affections of the genito-urinary tract for which it is especially designed. I was particularly pleased with its successful action in a case of irritation of the bladder neck, and frequent micturition and incontinence in a young adolescent female."

* * *

Sarsaparilla Delusion.—There is not a single tangible fact to show that sarsaparilla has any therapeutic properties whatever; no one has been able to show that the drug has produced any appreciable physiological effects. In spite of this fact, however, "sarsaparillas" appear to be popular remedies. A recent analysis of goods of this class shows that they depend for their popularity chiefly upon iodide of potassium and a large content of alcohol, which latter often reaches a percentage of twenty-six or more.—*Med. Age.*

* * *

Pain Relieved with Utmost Safety.—Albert M. Williams, A.M., M.D., of Bradford, Pa., says: "I have used antikamnia in my practice since its first introduction and used it extensively. At first I was a little cautious and a little apprehensive, and rarely ventured on larger doses than five grains; but for several years I have given it in ten and fifteen-grain doses to adults and when needed, repeating every hour or two hours. I have rarely been disappointed in controlling pain, if the pain was of a character to be controlled by medicine. In severe neuralgias or any severe form of pain, my method is to prescribe ten grains to be given every hour till the pain ceases. I seldom use morphia or opium in any form. I have seen so many unfortunate victims of the opium habit that I shun its use, and antikamnia is my sheet anchor. The effects of opium and its alkaloids too, are most disagreeable to many people. I always suffered untold misery when I had taken even a small dose of morphia; itching and nausea especially continuing for about two days. There is none of this following the use of antikamnia, and I have never heard of a victim of the antikamnia habit. I have yet to see the first case where any alarming symptoms have followed its administration. I have for a long time been in the habit of prescribing it in a little larger doses than are recommended and any bad results from its use must be due to some idiosyncrasy on the part of the patient."

THE doctors in France number 17,500. Four hundred and fifty die each year and 650 new ones are turned out by the universities.—*Medical Record.*

* * *

WE are indebted to the bacteriologists for many things, but they have taught us nothing of more practical value than the lesson that a large number of our minor complaints and a thousand-and-one of our aches and pains, which make life miserable, come from auto-intoxication. The ever present germs in the alimentary tract manufacture their toxines, and these are absorbed much to the distress, if not to the actual danger, of the individual. The good old-fashioned theory that you must "keep the bowels open" if you wish to enjoy perfect health thus finds a scientific explanation in these latter days. It is now simply a question of common sense; keep the alimentary canal free from the poisons of germ life. You cannot do this better than by using California Fig Syrup. It is pleasant to the palate, and prompt to give relief.

* * *

THE ALKALOIDS OF COD LIVER OIL.—The alkaloids of cod liver oil are stimulants to the appetite, digestion and process of tissue building, and the fatty matter of cod liver oil is utterly unfit for food on account of its nauseous taste, tendency to cause eructations and to disorder the stomach. In the alkaloids reside the virtues of the oil, not in the fatty matter. As a food the fatty matter has nothing to recommend it in place of butter and cream, which are far more palatable and digestible. The reason why a man can sometimes gain a pound a day on an ounce of cod liver oil can be found by reading the account of the physiological action of cod liver oil alkaloids as contained in the paper read before the French Academy of Medicine by MM. Gautier and Morgues, and entitled "Les Alcaloides de L'Huile de Foie de Morue." It is due to the presence of the alkaloids which stimulate the appetite, digestion and tissue building. Appetite causes him to eat a larger quantity of food with relish, digestion is set to work by the alkaloids—not by the fatty matter of the oil; digestion gets the pound for him out of his common food; and the metabolic power of the body stimulated by the alkaloids builds that food into healthy tissue. Therefore, why give the nauseating fatty matter when you can gain the same end in a better way by prescribing Stearns' Wine of Cod Liver Oil? It contains the alkaloids of cod liver oil—none of its nauseating fatty matter. It is pleasant to take, agrees with the most delicate stomachs, and when given to your patient with his food will aid in its digestion and assimilation and will "rebuild the body."—*The New Idea.*

THERE are three companions with whom you should keep on good terms—your wife, your stomach, and your conscience.—*Atlanta Medical and Surgical Journal.*

* * *

THE OVERCROWDED PROFESSION.—The *Maryland Medical Journal* for August, 1896, contains an admirable paper by Dr. A. D. Mansfield, who handles this subject without gloves. The article concludes as follows, and to one who gives it earnest thought the picture is not overdrawn: "I firmly believe that [young] medical men will in the near future be compelled to do one of three things if they wish to avoid a mere existence. First, leave medicine altogether and engage in another pursuit; second, open private dispensaries of their own, if the necessary cash is available—in other words, make a purely honorable and not monetary pursuit of medicine; or, third, seek advertising that is perfectly legitimate in other walks of life. I see no escape."

* * *

A NEW USE FOR THE X-RAYS.—The following appears in the *Boston Medical and Surgical Journal: Mr. Editor,*—About three weeks ago I examined with the Roentgen rays an old fracture near the ankle-joint, in a stout woman of fifty. She had been complaining off and on of the pain in the left ankle. I found a fracture at the lower part of the tibia, with union at an angle forwards. There was slight impairment of the movements of the joint, but the result, on the whole, was good. After examining with the flouroscope, I took photographs of the ankle, with an exposure of about five minutes. I have just received the following letter, which suggests a new use for the x-rays:

"August 25th.

"*My dear Dr. Richardson,*—I feel that I should write and tell you the splendid effect the x-rays had on my foot. It is now three weeks since I was at your office, and I have not had one particle of pain since. The swelling and soreness have disappeared also. My family think it is all imagination, but that is impossible, because all that I expected from the rays was what you might discern. . .

"Yours gratefully,

_____."

The remarkable improvement in the case reminds me of the occasional cures which are by some patients attributed to the use of the clinical thermometer twice daily.

Yours very truly,

M. H. RICHARDSON, M.D

The Canadian Medical Review

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THE attention of the Medical Profession is respectfully drawn to the uniform success attending the treatment of Alcoholism and Morphine Addiction at Oakville. A prominent medical man in Toronto has, within the last few weeks, paid a glowing tribute to its efficacy in the case of one of his patients who had long since lost susceptibility to the ordinary form of treatment employed, and whose life seemed to hang in the balance. Many come to Oakville in the last stages of the malady, yet of these but two cases in four years have proved to be beyond reach of our treatment, a record well deserving the thoughtful consideration of the profession

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Original Communications.

Typhoid Fever.*

BY W. J. WILSON, M.D., TORONTO.

GENTLEMEN,—It becomes my duty as President of this Society to deliver an opening address. It is customary on such occasions to review the history of medicine or surgery from a more or less remote period—generally from the time of Hippocrates, and note the advances made. I have ventured to depart from this custom somewhat and confine my romarks to a more limited field, viz., typhoid fever.

This fever no doubt existed from the most remote period of man's history.

Hippocrates described "a continued fever occurring in autumn, characterized by diarrhœa, bilious vomiting, abdominal pain, red rash, nose bleeding, delirium and subsultus tendinum, sometimes sleepless and again with a tendency to coma, a fever of long duration resulting in great emaciation."

* Read at meeting of Toronto Medical Society.

From this time onward different observers have described the disease more or less minutely.

During the seventeenth and eighteenth centuries there were many observers who noted a difference in their fever cases and described "a slow, nervous fever arising from an ulcer in the bowels."

This nervous fever or low continued fever as it was then called was noticed to differ from the true typhus in its not being contagious.

Differences between typhus and typhoid were pointed out by Strother, Gilchrist, Languish, Huxham, and Sir Richard Manningham from 1729 to 1746 and by Willan in 1799.

In France, Prost and Broussais, from 1804 to 1810 considered it a gastro-enteritis, and following the prevailing notions of their day advocated free blood-letting.

In 1813, Petit and Seres advanced the view that the "felris nervosa" was not a simple enteritis, but an enteritis limited to the ilium and of specific origin.

Brittonneau in 1818 at Tours made a series of post-mortems which proved to him that the solitary and agminated glands of the ilium were always implicated, and in this particular differed from other forms of enteritis and was due to a specific poison.

This was a marked advance and served to stimulate others to further research and more careful observations on the cadaver.

In Louis' work in 1836 we find a number of cases reported where careful autopsies had been made and morbid conditions noted in all the organs of the body and comparison made with conditions found in death from all causes. His report shows the ulcers in the lower part of the ilium to be constant, the most advanced ulcers the lowest down ; and as he followed up the bowel, toward the jejunum the changes became less marked and ulceration gave place to swelling and inflammation of Peyer's patches and the solitary glands.

During this same period from 1800 to 1836 many English, German and American physicians, such as Sutton, Williams, Muir, Bateman, Abercrombie, Hewitt, Bright, Tweedie, Smith, Gerrard, Pennock, Bartlet and Hildenbrand were making observations and gradually coming to the same conclusions.

Sir Wm. Jenner, in a series of papers, from 1849 to 1852 did much to settle matters and declare typhoid fever a disease *sui generis*, differing entirely in causation and pathology from typhus. While typhoid fever was long thought due to a specific poison of some kind, it was not till 1880, when Eberth discovered the bacillus, that we had a definite idea of the nature of that poison.

Since this discovery numerous researches have served to confirm

Eberth's observations, so that at the present time the bacillus typhosis is generally concluded to be the essential if not the sole agent in causing this disease.

This germ is found principally in the lymphoid structures of the body, more especially in the agminated and solitary glands of the intestine, the spleen and mesenteric glands, but it has been found in the blood and various tissues of the body. It accounts for many of the complications and sequelæ of typhoid and may exist in isolated spots in the tissues for years after the fever is over. This fact is proven by a case published in the annals of the Pasteur Institute, where osteomyelitis of the femur existed for six years and pure cultures of the bacillus typhosis were found at the end of this time.

The germ, although constant in typhoid fever, has not induced the disease experimentally in animals, probably from their immunity. It will flourish in water and milk, whether oxygen be excluded or not. It is killed by gastric juice, but not by pepsine, bile or pancreatic juice. Chantemesse and Widal state that it will thrive on gelatine containing 2 in 1,000 acid carbolic, while most other organisms will perish.

The pathology and morbid anatomy of typhoid fever have been well worked out in recent years. The solitary and agminated glands become swollen and engorged, and as the disease progresses, in eight or ten days, the follicles become fungating masses, the collumnar epithelium disappears and an increase takes place in the lymphoid and interstitial connective tissue. Part, more rarely the whole, of the gland is removed by ulceration and sloughing, down to the muscular coat.

The serous coat is swollen and its blood vessels and lymphatics markedly dilated. Occasionally the ulceration extends through all the coats. Ulceration has been found throughout the whole length of the intestine. In the Peyer's patches the ulcers are lengthwise of the bowel and heal with very small scars. In the colon, where they result from ulceration of the solitary glands, the ulcers are small and round but may run together and then form an ulcer generally transverse of the gut. The healing of these ulcers progresses during convalescence, each ulcerated patch requiring about two weeks for healing. In aborted cases the changes are said to stop in the stage of engagement.

The bowel contents consist of large quantities of bile pigment, epithelial cells, leucocytes, crystals of trip. phosphate fungi in abundance with perhaps undigested matters. The spleen, being a lymphoid structure, is enlarged early to two or three times its normal size, especially in young subjects. It is soft and friable and dark in color. The enlargement is said to be due to vascular engorgement and inhibition of the normal contraction of the muscular fibres of the capsule and trabeculæ.

The mesenteric glands are enlarged and softened from hyperplasia of their cellular elements. The liver is little changed in size but is somewhat softened.

Meigs, in a paper before the Philadelphia Pathological Society, describes the lobules as being more distinctly outlined than in health, and giving evidences of degeneration and inflammatory action. He describes a peculiar gelatinous inter-cellular substance.

Handford, in the transactions of the London Pathological Society says the most characteristic change is the presence of small rounded areas that stain imperfectly, are infiltrated more or less thickly with leucocytes and surrounded by a dense ring of cellular infiltration. In small patches the liver cells cannot be distinguished at all. Some patches are hardly distinguishable from miliary tubercle and others from miliary abscess.

The bile is thin and pale, of low specific gravity and often of an acid reaction.

The kidneys are more or less congested and their tubuli and malphegian tufts to a greater or lesser extent denuded of their lining epithelium. Albumen may or may not be present, and Pepper says he has known it absent where the kidney was extensively diseased.

The toxic power of the urine is markedly increased.

The lungs frequently show inflammatory changes. Some observers think these changes are found in almost every case.

Meigs, in the address referred to above, refers to hæmorrhages into the lung substance as a common occurrence.

The condition of the nerve centres has not been sufficiently investigated.

Blood staining has been observed in certain points of brain and cord but no constant lesion. The blood is impoverished from the lack of its normal supply through the lacteals, from diminished red cell formation, due to the altered conditions of the blood-forming organs, and loaded with waste and poisonous products Endarteriïtis occurs in a considerable proportion of cases and may produce gangrene from thrombosis or embolism.

Keen, of Philadelphia, in a paper before the Massachusetts Medical Society, had collected two hundred and three cases of gangrene from this cause.

From the adynamic tendencies of the disease we have inhibition of the splanchnic nerves with engorgement of the large venous trunks and lowering of arterial tension. The heart muscle, in common with the general muscular system, is subject to degeneration, the papillary muscles of the mitral valve being very prone to this change. These degenerations are largely due to the height and duration of the fever.

Treatment.

The objects sought in the treatment of typhoid fever are (1) the abortion of the disease in the first few days of its existence. This is claimed by some and denied by others. It must, however, be conceded that the vis medicatrix naturæ does occasionally accomplish this result, and it is only fair to admit that well directed assistance to the efforts of nature may abort it in a still larger proportion of cases. (2) The minimizing of the effects of the poison or poisons on the system. This includes the treatment and so far as possible the prevention of pyrexia. (3) The elimination of waste and poisonous products by the emunctories. (4) The prevention of absorption of poisonous substances from the intestinal canal. (5) The judicious feeding and management of the patient. (6) The keeping up of the powers of the patient to the highest point possible and thus lessening the amount of degeneration and morbid change in the various organs of the body and favoring the early repair of damage already sustained.

In reviewing the treatment of typhoid fever, I will not weary you by going further back than the works of Louis in 1836, where we find him treating typhoid by free bleeding during the first twenty days of the disease. After the twentieth day, however, he did not advocate the practice, as it prolonged convalescence. He bled early and according to the severity of the fever.

Blisters were applied to the calves of the legs as derivatives while ice caps were applied to the head and in some cases cold sponging to the body. When the patient was very delirious and wanting to get out of bed he was tied down and put in a staight jacket.

It is not possible at this early date, however much we might wish it, to give statistics, as the distinction between typhus and typhoid was not well enough marked to make them reliable.

It is interesting to note that cold applications were used to lower the temperature.

This treatment was introduced by Dr. Jas. Currie, of Liverpool, in 1797. He used both cold baths and cold affusions. He had few followers and the treatment was soon dropped, to be revived again by Ernst Brand, of Stittin, in 1868. Since this time it has been used systematically and its use has become pretty general, especially in hospital practice.

Quinine was early given as an antipyretic and tonic.

Huss, Chambers, Richardson and Murchison gave the mineral acids; some preferring one acid and some another. Murchison gave the hydrochloric and nitric acids mixed and this treatment had many advocates for several years.

Chambers gives statistics of two hundred and thirty cases in St. Mary's hospital.

"The first lot of one hundred and nine were treated with neutral salines, chalk and mercury during the early part of the disease, and later with bark, ammonia, ether and wine; leeching and cupping being sometimes employed and food given four times daily."

"The second lot of one hundred and twenty-one were treated with twenty minims dilute nitro-muriatic acid every two hours and were given beef-tea and milk freely."

The first series gave a mortality of 19½ per cent. while the second gave only 2½ per cent.

It is a question how far we are justified in neglecting this treatment and adopting new ones to its entire exclusion, not only from the fact that the above showing has not been surpassed but on physiological grounds it should at least be considered in combination with other forms of medication. Hydrochloric acid aids digestion in the stomach, increases the salivary, pancreatic, and intestinal secretions, is a good hepatic stimulant and consequently aids intestinal digestion and disinfection. By stimulating the liver it also aids in the elimination of poisons with the bile. In itself it is a disinfectant hindering germ growth in a 1 in 2,500 solution. Its administration supplies a deficiency of acid which, according to Brunton, is found in febrile conditions. It differs from other disinfectants in typhoid inasmuch as it aids digestion.

James Jackson and T. K. Chambers thought emetics both curative and abortive, while Wunderlich and Niemeyer thought the same of calomel in full and repeated doses during the first week of fever. In my early student days I saw alcohol given very freely in typhoid. The indications were height of fever, weakness of heart and nervous prostration. It was soon found that these large doses of alcohol were not to be given simply as a matter of routine, were seldom needed in the early part of the disease, and were to be given with great care or not at all when the kidney was affected. Its use, however, has been wisely continued in small and repeated doses in the latter part of the disease where the condition of the heart and nervous system indicate it.

Opium was advocated by Dr. Austin Flint, and although cases did well under its use it was not generally used and is now only used to fill special indications.

Large numbers of cases have been tided through the disease without medicine of any kind.

This is the only true method of learning the natural course of a disease, and in the case of typhoid it not only proved useful in this

respect but, according to Dr. Cutting, of Boston, it gave a mortality of 10 per cent. out of three hundred and seven cases.

The Brand or hydropathic treatment has steadily grown in favor, especially in hospital practice. In this treatment the height of temperature serves as a guide to the use of the bath. When the rectal temperature reaches 102.5° the bath is given; the temperature of the bath is from 64° to 68° F. The whole body, except the head, is immersed for about fifteen minutes. Colder water is applied to the head, which lessens shock. After a few minutes' immersion the patient shows signs of chill and frictions are then applied to the surface and stimulants may be given if necessary. Patient is covered with a sheet and blanket and put in bed without drying. This is repeated every two or three hours according to temperature. It is said the best results are obtained when the baths are begun before the fifth day of the disease. The friction during the bath is looked upon as an important part of the treatment And no doubt it is important, as when the disease has existed for some time the heart is weak and the effect of the cold is to drive the blood to the internal organs. The frictions aid the circulation and relieve the engorgement of the heart. These frictions should be more carefully studied and more systematically employed in these cases with the object of improving and keeping up the heart's tone. Complications are said to be less numerous and severe than under the older forms of medicinal treatment.

The general tonic action on the nervous system is an important feature of this treatment and it is quite possible that the use of saline æreated baths in addition to the production of cold might be made fill important therapeutical indications in some cases.

It is claimed for this method that the mind is clearer and the general condition of the patient more favorable throughout the disease. The elimination of toxic matters by skin and kidney is increased. Brand declares that all cases treated according to his directions before the fifth day will recover. Claims of this kind, however, are usual with the originators of new methods and hence we are forced to look to the mortality returns of their followers to get at the truth of the matter. We find in this case it varies. Dr. Henry, in Harris' System of Therapeutics, says that Brand and his followers give a mortality of only 1 per cent. out of a series of twelve hundred cases, but Osler gives a mortality of 7.02 per cent. from the Johns Hopkins Hospital and refers to a large Australian experience with the almost identical mortality of 7 per cent.

Intestinal antiseptics alone or combined with purgatives have been much lauded within the last few years. The theory is

that Eberth's bacillus is not the only source of poisoning to which the system is subjected, and while it may be hidden in the interior of glands and tissues other germs are flourishing on the intestinal mucous membrane and furnishing products which are being absorbed and causing a large share of the systemic disturbance. Again, while it has been generally held that Eberth's bacillus is only formed after ulceration takes place, advocates of this treatment claim that it may be found during the early days of the fever if properly searched for. The antiseptics are given to destroy these germs, or failing that render them sterile. Purgatives are given to clear the bowel of its poisonous contents and are repeated to keep it clear.

It may be well before considering this form of treatment further to look for a while at some of the antiseptics and purgatives used in these cases. Calomel has been more generally used than any other. Its claims are that it acts on the whole canal as a purgative and disinfectant. Brunton points out that where medicines act strongly on the intestine their action is slight on the liver, but some of the calomel is changed to a bichloride in the stomach and this acts strongly as an hepatic stimulant, so in the calomel purge we have the purgative, antiseptic and hepatic stimulant combined. Calomel, moreover, if deposited in an intestinal ulcer, makes a good local application. Calome lprevents the formation of indol and skatol substances formed by the decomposition of proteids but does not interfere with the normal products leucin and tyrocen (Brunton). It does not diminish the power of the pancreatic juice. It greatly retards decomposition due to low organisms. Podophyllin is used by some because of its action on the liver as well as its purgative action but it is drastic, irritating the mucous membrane of the intestine and increasing peristalsis. The dose should be small and repeated. It is claimed by some to lower the temperature 1° or 2° in fever.

Salines are well adapted for these cases, as they act on the whole bowel and carry away the vitiated bile and poisonous matters rapidly. They are specially useful from their power of lessening intestinal absorption. During their use, however, care must be taken not to put an excessive drain on the system and water must be allowed freely to supply the place of that withdrawn by the purgative. Those medicines and combinations in pills and otherwise that purge by their irritant action or by markedly stimulating peristalsis would be better avoided as an action of that kind is apt to be injurious where there is much ulceration. A disinfectant for the intestinal canal should be as insoluble as is compatible with efficiency so that it may pass far enough down the digestive tract to do its work before it is either

altered and rendered useless or absorbed. It should be powerful enough to at least prevent development of pathogenic germs and at the same time non-poisonous to the system or injurious to the digestive ferments.

The properties of thymol seem to fit it pre-eminently for the work of intestinal disinfection. It causes the disappearance of phenol—one of the resultants of intestinal decomposition—from the urine. It has no action on enzymes while a 1 to 1,340 solution prevents bacteria in broths and so small an amount as 1 in 80,000 hinders their growth materially (Brunton). Its insolubility permits it to travel well down the intestinal tract before being absorbed. The iodine preparations have a strong action on enzymes; 1 in 4,125 hinders diastase, 1 in 1,000 invertin, 1 in 4,166 ptyalin, and 1 in 7,817 pepsin. So that while iodine may be a good preventive of germ growth, 1 in 5,000 hindering the growth of anthrax, its destructive action on the normal ferments should prohibit its use. Carbolic acid is not so powerful, 1 in 660 preventing growth of bacteria in broth and 1 in 200 killing them. It also has the disadvantages of hindering the conversion of starch into sugar and albumin into peptones. Creosote has little or no action on enzymes, but I have observed a foul diarrhœa come on while it was being taken in large doses. It is said to kill bacteria in a 1 in 1,000 solution. Salicylic acid acts on the digestive ferments; 1 in 7,600 arrests the action of emulsion; 1 in 5,100 arrests the action of diastase; 1 in 1,250 arrests the action of ptyalin; 1 in 9,000 arrests the action of pancreatine. It prevents bacteria in broths in a 1 in 1,003 and hinders their growth in a 1 in 3,300 solution, but from its action on the digestive ferments its effect is doubtful where there is such poor digestion and so much waste as in typhoid fever.

Bismuth salicylate when broken up into its constituents will simply give us the effects of bismuth and salicylic acid.

Salol breaks up in an alkaline medium into salicylic and carbolic acids. It passes through the stomach intact but has to traverse a long tract of bowel, with alkaline secretions before reaching the ulcerations.

When broken up we have its actions as referred to above.

Napthol is very sparingly soluble and acts throughout the whole intestinal canal.

Fifteen or twenty years ago Robert Bartholow suggested a mixture of carbolic acid and iodine as an intestinal disinfectant. This treatment was given for some time with the apparent result of lessened delirium, clean tongue, absence of tympanites and a moist skin. The cases, however, ran their usual course as regards time. I am not aware

that the mortality was materially reduced but the patient seemed to pass more pleasantly through his long illness.

Bouchard twelve years ago adopted the use of charcoal and afterwards he added to this naptholin and iodoform with purgatives every third day (15 grs. mag. sulph.). He found the toxic power of the urine greatly reduced by this treatment and his results from a mortality of 25 per cent. to 7 per cent. This was in 1884.

Twenty-three or four years ago a Dr. Hall of this city, whom I met at the Toronto Dispensary, assured me that he could always abort typhoid fever if taken in the first few days by the exhibition of permanganate of potash. This was my earliest hint on the antiseptic treatment of typhoid.

Dr. J. E. Woodbridge in the United States has worked out a form of treatment being a combination of antiseptics, purgatives and antipyretics for which he claims the power of shortening, modifying and often aborting the disease. Unfortunately this treatment is being advertised by an interested drug firm. It is so complex in its composition that we can not get the proper value of each constituent or the why and the wherefore of the combination.

Our own Canadian Dr. Thistle has done much good work in the eliminative and disinfectant treatment of typhoid. It is to be hoped his researches may continue and that during the term we may hear something more from him on this subject. There are a great many points yet to be cleared up before we can get at a fair knowledge of the value of any line of treatment. The type of disease varies in different years and in different epidemics. In some the duration is much longer than in others and the death-rate higher, and consequently our statistics are at fault.

Bouchard gives 7 per cent. mortality with disinfectants and purgatives. Osler 7.02 per cent. from the Brand treatment. Cotting, of Boston, 10 per cent without medicinal treatment or baths. Dr. Chambers, of St. Mary's Hospital, with the nitro-hydrochloric acid treatment, a mortality of only 2½ per cent., while in another series his mortality was 19½ per cent. Dr. Thistle gives the mortality of only 3 per cent.

In these statistics no reference is made to the age of the patients. This may make a difference, especially if the whole number is small, as we all know how seldom children have such complications as perforation or hæmorrhage, accidents which account for a good percentage of deaths in adults—and again we know how much more fatal typhoid is after the prime of life. In reference to the duration of the disease, statistics are misleading, as not only do individual cases differ in duration but

whole epidemics show marked variations in this respect. These variations have been so marked that some have looked on them as indicating that we have not one but several fevers under the name typhoid. A more probable explanation, however, is, in the light of knowledge gained from the cultivation of germs, that the bacillus typhosis varies in its virulence from time to time from conditions of environment and perhaps many causes at present beyond our means of observation. We may hope that before long means may be found of immunizing from typhoid and of cutting its course short by serumtherapy. This is what we may confidently look forward to in the light of recent results in this line, not only in typhoid but in all self-limited diseases.

Clinical Notes.

Case in Practice—Hysterectomy for Fibroid of Uterus.

BY DR. ALBERT A. MACDONALD, TORONTO.

Mrs. M. P——, married, aged 55, of good family history, has always enjoyed good health, never pregnant, menstruated first when aged 13, and was regular until aged 50, when she ceased for some months, after which a flow came on at irregular intervals—sometimes she would be free of trouble for months. Eighteen years ago she noticed an enlargement in uterine region. Consulted Dr. W. T. Aikins, who diagnosed a tumor, and advised that it should be let alone. She took quantities of "cancer cure" on the advice of her friends, but the growth only proceeded to enlarge gradually. Since February, 1896, she has had several hæmorrhages, two of which were very severe; the growth has so extended that great impediment to her digestion is offered, and she "feels as if she cannot live much longer in her present condition." Examination reveals a fibroid tumor of the uterus, the greater mass of it being in the posterior wall; the fundus of the uterine tumor reaches about two inches above the umbilicus. Hystero-myomectomy was advised. Operation on October 6th, 1896, at "Bellevue House," assisted by Drs. Temple and Baines. After abdominal incision, the tumor was lifted out of its bed; the broad ligaments, with their contained vessels, were tied off and cut. The pedicle was constricted by annealed wire serre-nœud; it was then fixed in the wound. A single silk worm gut suture passing through the abdominal parities, and also through the neck of the uterus below

the constricting wire, served to close off the constricted portion of the stump from the peritoneal cavity at the lower angles of the wound, and a stitch similarly placed above the stump served the same purpose above. These stitches, whilst serving to close the abdominal wound, insured closure of the perietal peritonæum upon the peritoneal covering of the tumor sufficiently below the constricting wire to be well out of the area of necrosis which would result from constriction by the wire. The other part of the abdominal wound was closed in the ordinary way. The stump was transfixed in the wound by one pin, iodoform gauze being packed around it. This remained almost completely dry, and has only had to be changed a few times up to to-day. The manner of securing shutting off of the peritoneal cavity by use of the single suture seems good, and is certainly a much more rapid way than by suturing the peritonæum alone, as advocated by many. There is a point worthy of special notice in this and in many cases. It is the difficulty of determining the exact position of the bladder. Here we were satisfied that it was too close to the constricting wire, so, before tightening the wire, Dr. Baines passed a sound into the bladder which was found to spread out upon the neck of the uterus up to the wire, which had to be moved higher up. It is an easy matter to include the bladder in the grasp of the constricting wire, with direful results.

Recovery from shock was very satisfactory—a good quantity of urine was secreted, the bowels were moved by calomel and rectal injections of mag. sulph. solutions on the second day, and fair expectations of recovery are entertained.

A few words might be said with regard to choice of mode of removal of these tumors of the uterus. Of late years certain operators have advocated the total extirpation, or intra-peritoneal treatment of the stump, and such would seem at first glance to be the ideal methods, but in surgery we cannot afford to be carried away by theories, nor can we adopt new and comparatively untried methods for the older and well-tried ones. On this continent J. Price has strongly upheld the extra-peritoneal method, and he says that it is the safest way. "That the nœud should never slip, that the bowel should never be included in it, and that by care the bladder and ureters ought never to be involved."

J. Greig Smith, of Bristol, in the fifth edition of his work on abdominal surgery, published this year, states that the mortality is about twice as great in cases where the pedicle is treated in the intra-peritoneal method as where the stump is secured outside. Vautrin gives intra-peritoneal treatment, 56.2 mortality; extra-peritoneal treatment, 33.3 mortality. In deciding which plan to adopt we must not

forget that the fibro-myomatous tissue sloughs easily when injured by pressure, that we cannot compare it to the pedicle of an ovarian tumor. That oozing from the stump may take place for some time, and may call for the tightening of the nœud, which, however, when once the oozing has stopped, and when the line of necrosed tissue has formed should not be disturbed by further tightening, as that slough separates most quickly which is left alone.

In discussing the paper, Dr. Ross said he had used the clamp for the last time. He pointed out the dangers of its use, saying that he had had a death on the seventeenth day following its use, from sloughing into the bladder, remarking that in the case reported danger had not passed. His method was to do total extirpation of the uterus, and treat the stump extra-peritoneally below.

In reply Dr. Macdonald said that though total extirpation might be the "ideal method," and that though he would gladly adopt any plan which would free the patient from the disagreeable and dangerous sloughing stump pinned in the wound, he could not do so until general experience showed that the "ideal method" could be adopted with a degree of safety at least equal to the old and well tried plan of outside treatment of the stump, which, as already pointed out, has given results about twice as good as the newer and more attractive methods now advocated by many of the younger American hysterectomists.

N.B., October 27th, 1896.—In the above reported case the stump was removed on the fourteenth day, and all sloughing ceased on the twenty-first day following the operation. Recovery uneventful.

A Defect in Medical Schools.—The Kitson-Playfair case, and all the controversy it has aroused, bring into prominence one marked defect in medical education and professional capacity. Of all the professions the medical is brought into the most intimate contact with delicate and embarrassing situations. Yet the medical student, alone among young professional men, is never during the whole of his curriculum offered any definite instructions in the art and practice of professional business and professional conduct. Chairs of ethics, or at least one general lectureship, should be established, and attendance upon a course of ethical lectures, however limited, should be compulsory upon every medical student before passing his final examination.—*The Hospital.*

M. Morrant Baker, F.R.C.S., for many years surgeon to St. Bartholomew's Hospital, died October 3rd, aged 57.

Society Reports.

Toronto Medical Society.

THE regular weekly meeting of this society was held in the library of the Council Buildings, November 6th, 1896. W. J. WILSON presided.

Cæsarian Section.—Dr. J. F. W. Ross presented a fœtus removed by cæsarian section. This was his first experience with this operation. The patient was a woman whom he had seen in consultation after a miscarriage for a fibroid tumor. She became pregnant again. He, being consulted, advised the induction of premature labor. This was tried by rupture of the membranes and packing the outlet with iodoform gauze. But this did not bring on labor. Consulted some time after by the woman, he learned that she had not been delivered, and advised that it be tried again, and that she be prepared to undergo the more serious operation of abdominal section if the symptoms called for it. This was agreed to. Labor, however, could not be induced although the bougie was left in three days. She was allowed up, when suddenly the waters broke and labor set in. Severe hæmorrhage came on, due to a low-set placenta. It was decided to deliver from the front, as the pains were ineffectual. The ovaries and tubes were removed first. An incision was then made in the anterior wall through which the fœtus and the placenta were removed. The uterus looked greyish and sloughy. The fœtus was macerated. The uterus being septic it was not thought wise to put the sutures too close to the mucous membrane. The edges of the organ were approximated with interrupted silk ligatures. The abdominal wound was closed in the usual way. Forty-eight hours after some apprehension was felt as the patient complained of a great deal of pain in the right side under the liver, and the pulse ran up to 120. There was also some distension. But after free purgation these symptoms passed off and the patient is now, eight days after, convalescing satisfactorily.

Uterine Fibroid.—Dr. Ross presented a second specimen, a fibroid. Its surface was raw by erosion from friction. The history of the case was given and the technique of operation described.

Extra-Uterine Pregnancy.—A third specimen was presented by Dr. Ross; it was that of an unruptured extra-uterine pregnancy. There had been a little oozing of blood from the fimbria.

Dr. W. J. Wilson said that he had diagnosed a fibroid in the anterior wall of the uterus in a patient some three years ago. He was recently called to a *post-mortem* on the body, the woman having died at the seventh month from the result of premature labor.

Dr. Hunter asked how hæmorrhage in these cases was accounted for, and why it ceased at the menopause.

Dr. McMahon said a point of great interest was the non-occurrence of labor after rupture of the membrane and the escape of liquor amnii. Was this common?

Dr. Ross said the hæmorrhage depended very much on the position of the fibroid. In the sub-peritoneal variety there might not be any bleeding. He said that it was not very uncommon to rupture the membranes, allowing the liquor amnii to escape, and find that labor does not come on.

Amputation of Arm.—Dr. G. A. Peters presented an arm that he had amputated (thirty-six hours after injury) from a man who had received a charge of buckshot below the elbow, at close range, spreading gangrene having supervened, as a result of rupture of the ulnar artery and a severance of the median nerve. There was no circulation in the hand, and sensation was entirely abolished. An emphysematous condition of the arm had supervened extending to the insertion of the deltoid. The patient was in a very weak condition at the time of operation. He took the anæsthetic fairly well, but on coming from under its influence he began to struggle and gasp, reminding one of those cases of obstruction in the lungs from air in the vessels or a thrombus. At first it was thought the poisoning with the super-added shock had led to this result. Examining reports of death following poisoning by the bacillus aerogenous capsulatus, which caused this emphysematous condition, he had noted that death occurred in the same way as in the case reported. The air was found in these cases not only in the heart and lungs, but also in the spleen, pleuræ and nearly all parts of the body. This gas would burn and had many of the characters of hydrogen. This bacillus does not grow in the ordinary bouillon cultures, but does in agar cultures, if planted deeply in the medium. These cases nearly all were fatal. The only hope of recovery was amputation.

Dr. Peters said he would like to hear an opinion as to the cause of death.

Mr. Cameron said that the cause of death in this case could only be guessed at. He had several cases of death following invasion of the system by these gasogenic bacteria. Death in these cases was usually rapid; so much so that the French had applied the epithet

foudroyant to them. Contrary to the general rule in his cases, death had taken place slowly, covering a few days. Where the emphysema had become established, he believed it would be wiser to discountenance operation. He had seen cases of death from fat embolus, and they had died as had Dr. Peters' patient and other cases where there is obstruction to circulation in the lungs.

Dr. SCADDING thought the patient's chances would have been improved if ether had been used instead of chloroform. The case resembled those of air-hunger from thrombus or air of fat obstruction.

Dr. PRIMROSE said that these cases were those which the old authors called spreading gangrene, and were usually fatal.

Dr. HUNTER asked if the proximity of the weapon had anything to do with the production of this emphysema. He reported a case.

Dr. PETERS said that this bacillus, being anærobic, its growth was favored by such injuries as these where the germ was carried deeply into the tissues.

Gonorrhœa.—Dr. PRIMROSE reported a case of gonorrhœa occurring in a lad aged 12. There was an enlarged gland in each groin. Patient denied having caught the disease in the usual way, but attributed it to having been struck with two chestnuts, one on each groin. A specimen of the discharge under the microscope showed the leucocytes packed with dipplococci. There was no suppuration of the glands. The gonococcus was apparently not a pyrogenic organism, but where suppuration occurred there was doubtless mixed infection.

Alcoholism—Dr. C. J. HASTINGS reported a case of alcoholism treated by injections of nitrate of strychnia. The patient had gone through a couple of the "gold cure" treatments, with little benefit. The doctor administered one-third of a grain of morphia and one-fortieth of the strychnia. This kept off the desire for some twelve hours, when a little stimulant was given. Patient received two injections a day for a week. He was also given a stomachic tonic. Following this he was given the strychnia in a mixture. The patient has not the slightest desire for liquors now. The speaker had noticed that in Bellevue the treatment was to administer one-fifteenth of a grain three times a day.

IRRIGATION OF THE PERICARDIAL SAC. — Professor Verdelli, of Parma, recently opened the thoracic cavity, exposing the pericardium, which was given an antiseptic washing. The patient, who had been given up as lost, recovered.—*Medical News.*

Editorials.

Incomes of City Practitioners.

In our last issue we said a few words with reference to the incomes of city practitioners, pointing out at least some causes for their diminution. There are still others which should be commented upon. The fault is not entirely apart from ourselves, and it is well to know that at least, to a certain extent, we have remedies which we may employ. We know it is true that owing to the activity of the large drug manufacturing houses our homes are flooded with, not only the products of their laboratories, in their most seductive forms, but also with literature setting forth the symptoms of various diseases and the marvellous results to be gained by taking freely of their drugs, bought with such care in places the most difficult of access and manufactured with scrupulous cleanliness, purity and accuracy. Each drug-house inferring that it has the faculty of manufacturing the best drugs in the world, and at least many of the houses pointing out so clearly the way in which the remedies should be employed that the services of physicians are not required until the poor patient has tried a number of remedies. Our newspapers provide ample puffing advertisements, certificates, and letters from people low down or high up in the social scale, or even in the church, are freely used to advertise nostrums of questionable value. Many of the retail druggists who dispense our prescriptions repeat them over and over again, and even, in some instances, make them up for customers who have never been our patients. In addition to this they sell largely advertised remedies on the free advice of the eminent professor (?), who may be consulted in person or by letter. We would advise members of the medical profession to be careful about where their prescriptions are dispensed. Any druggist whose time is largely devoted to the selling of the so-called cures of the eminent free doctors is not a safe one to intrust with the dispensing of our prescriptions. It would be safer, at least for the younger men or those who are not pressed with work, to dispense at least some of their more difficult prescriptions themselves. These means, with careful attention to their duties and business-like methods in dealing with their accounts, would go far towards improving at least the financial position of our profession.

THE second Pan-American Congress will be held in Mexico, November 16th to 19th. The first was held in Washington, 1892. The attendance from Canada was small.

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THE following have been chosen Medical Council Examiners for the coming year: Drs. Grasett, Mundell, Howitt, Fraser, Welford, Williams, Acheson, Small, Emory, O'Reilly, Third, Caven, Sinclair.

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THE annual announcement of the College of Physicians and Surgeons of Ontario, has just been issued. The report of the proceedings of the last meeting of the Council is appended. Another call from the Registrar has been sent out to delinquents.

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GOOD HEALTH IN TORONTO.—From the recent report of Dr. Sheard, Medical Health Officer for Toronto, the city ranks high in comparison with other cities and towns of the Province as regards public health.

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MEDICAL SOCIETIES.—It is gratifying to see so large a number of local medical societies springing up throughout the Province. Every county or district should organize. These societies are calculated to stimulate research and thus increase the sum total of medical knowledge. Men who do not mingle with their confreres are liable to get into ruts, to become rusty, and lose interest in experimental medicine.

* * *

HOSPITAL AT CORNWALL.—The residence formerly owned by Hon. John Sanfield Macdonald, Cornwall, has been purchased for the Episcopal Corporation of the Diocese of Alexandria for a hospital. At the request of his Lordship Bishop McDonell, Archbishop Cleary of Kingston has agreed to supply a staff of hospital nuns from the Hotel Dieu, Kingston. The building will be overhauled and properly fitted up for the reception of patients.

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THE UNIVERSITY BURGLARY.—There are, no doubt, many friends of the University of Toronto who felt a certain amount of sorrow when they learned that the vault had been blown open and some burglars had escaped with a large sum of money. But there are some who may even go as far as to think that it is a divine punishment upon the university for not having paid certain retiring allowances to some members of the original medical faculty; for, as far as we can learn, these allowances remain unpaid. We have not heard of any one who suspects the claimants of trying to pay themselves.

THE RUSH INTO MEDICINE.—A correspondent of the *Medical Press*, quoted in the *Medical Record*, gives a very gloomy picture of the medical profession in Victoria, Australia. The population is hardly a million and a quarter, and the number of doctors is one thousand and seventeen ; this number is increased by about sixty a year. What would he think of Ontario ! Two millions of a population and three thousand doctors ; somewhere about eight hundred persons annually studying medicine and about two hundred graduating each year. We would advise the correspondent from Melbourne not to give such a glowing account of the state of practice as compared with Ontario, or there will be a rapid flight from this province to his country. What the two hundred graduating from Ontario each year are going to do we do not know. Perhaps in good time they will find out for themselves.

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LYSIDINE AND PIPERAZINE ON URIC ACID.—Dr. F. Woodcock Goodbody read a paper at the meeting of the British Medical Association (*British Medical Journal*, October 3rd) in which he shows that these drugs have a very powerful effect on uric acid in the system. They do not increase the formation of the acid, but they enable the blood to hold it much more freely in solution. In this way the acid is removed from the tissues of the body and eliminated by the kidneys. Of the two drugs, lysidine is the more active. The dosage of either for the investigations in the paper was from one grain to two grains daily. If these drugs be continued for a length of time the uric acid eliminated will decrease, as the element will have been largely removed from the system. They are both active diuretics.

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THYROID FEEDING IN THE INSANE.—Dr. Charles D. Hill, of Baltimore (in *Maryland Medical Journal*, September, 1896), speaks very highly of the good effects of thyroid in many forms of mental derangement. Of forty cases the following results were obtained : Unimproved, 8; improved, 12 ; greatly improved, 14 ; cured, 5 ; died, 1. Melancholia, dementia and mania were all treated. In some cases of dementia, of many years standing, the effects were very wonderful. In one case of extreme dementia, the patient in a few days was attending to herself and her room, and asking for something to do to put in the time by. The voice that had been silent for years is again heard, and the patient is found eagerly reading a book. The violent maniac that must be restrained by lock and bars becomes quiet and docile. The mournful victim of melancholia becomes cheerful and hilarious in a short time.

The Treatment of Graves' Disease. — Dr. W. H. Thomson, of New York, in N. Y. *Medical Journal* for October 17th, remarks that there is not sufficient proof to enable us to conclude that this disease is of thyroid origin; indeed, the writer strongly controverts this view. With regard to treatment he claims that meat is as bad for an ex-ophthalmic as sugar for a diabetic. It is well to begin by insisting upon an absolute milk diet for at least two years. The milk may require some preparation before consumption, such as koumiss and peptonizing. Vichy or lime-water may help the digestion of the milk. Fish in small amounts, and not more than one egg a day. Bread may be used freely; but potatoes, corn and beans are injurious, with a tendency to diarrhœa. Pastry must be avoided, and all forms of vegetables that disagree. With regard to medicines, high praise is awarded mercurial purgatives. After their use the rapid pulse often falls thirty or forty beats per minute. A blue pill, followed by a saline; or two grains of calomel rubbed up with forty grains of milk sugar and made into six powders, one every fifteen minutes, and a saline three hours after the last powder. This mercurial may be taken regularly once a week. The main medicinal treatment, however, is in the unremitting use of intestinal antiseptics. The following formulæ are given:

Phenol bismuth	℥iv.
Sod. benzoate	āā ℥ii.
Bismuth subcarb	

M. Div. in capsules, No. xlviii. Sig.: Two one hour after meals. Naphthol bismuth may be substituted for the phenol bismuth from time to time. Or

Salol	℥i.
Ichthzol	℥ss.
Sod. benzoate	āā ℥iii.
Bismuth solicylate	

M. Div. in capsules, No. xlviii. Sig.: Two one hour after meals. The writer is sure that these antiseptics exert a specific action over the vascular and cardiac disturbances in Graves' disease. No bad effects have been noticed from their use.

* * *

We beg to acknowledge receipt of subscription from the following gentlemen since October 1st: Dr. Vandervoost, Deseronto; Dr. Hopkins, Marshville; Dr. Baker, Bobcaygeon; Dr. Mullock, Binbrook; Dr. Nichol, Cookstown; Dr. Greenwood, Keswick; Dr. Patten, St. George; Dr. Blair, Shelbourne; Dr. Brown, Holstein; Dr. Burt, Paris;

Dr. Hopkins, Dunnville; Dr. Kilburne, Parkhill; Dr. Farley, Belleville; Dr. Chambers, Tiverton; Dr. C. Smith, Glanford; Dr. Flaherty, Mount Carmel; Dr. Hurlburt, Thornbury; Dr. Gibson, Jerseyville; Dr. Stewart, Chesley; Dr. Sturgeon, Petrolea; Dr. McNaughton, Newcastle; Dr. C. F. Smith, St. Mary's; Dr. Glaister, Wellesley; Dr. Gillies, Teeswater; Dr. Ryan, Sudbury; Dr. Kennedy, Guelph; Dr. Bentley, London: Dr. McClure, Thorold; Dr. Stewart, Milton.

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By consulting the label on your paper you will see the date up to which your subscription has been paid.

Immorality in Canada.

"We have been distressed and shocked beyond measure to learn that large and increasing numbers of women in Canada are giving themselves up to the vilest form of immoral practices. The report that comes to us, indeed, is such that, were it credible, we should be led to despair of the future of the country, for, compared to Canada, or at least Toronto, Sodom and Gomorrah were as pure as Salvation Army shelters. It appears that cycling, which with us is adding so much to the health and the beauty and the charm of our women, is in Canada, or at least in Toronto, merely a means of gratifying unholy and bestial desire. We hesitate to believe such a report; but we have it on the authority of the editor of the *Dominion Medical Monthly*, and he is on the spot and speaks as one with absolute knowledge of the facts.

"After referring to the advantages claimed for the bicycle, which he refutes by the statement that the average woman gets about all the exercise she wants in looking after her home, our esteemed contemporary says that 'the consensus of opinion is increasing overwhelmingly day by day that bicycle riding produces in the female a distinct orgasm, . . . and even if an orgasm is not produced, the continued erethism is decidedly more injurious and tends to the production of nervous diseases and the general breaking down of the system. The only contention that can be made is that the orgasm or erethism is not produced. This we know to be absolutely untrue.' The writer adds more of the same kind, and pictures the mothers, wives and daughters of his neighbors as scorching through the country, stooping low over the handle bars, and 'subjected to continued erethism as well as an occasional orgasm.'

"There is but one of two conclusions to be drawn from this statement. Either the wheelwomen of Toronto are the vilest of their sex,

or they are the victims of a contemptible slander. Unless our contemporary has a mass of facts sufficient to establish beyond doubt the sweeping generalization contained in the article from which we have quoted, he has smirched the fair name of his countrywomen in a reckless fashion that calls for the strongest condemnation. The question of the healthfulness of cycling, for men as well as for women, is one that still admits of discussion ; but the man who can assert, or even suggest, that the thousands, perhaps millions, of women throughout the world who ride the wheel are giving themselves over to self-abuse, puts himself beyond the reach of argument."

[We copy the above editorial from the New York *Medical Record* verbatim, and regret that the name of the writer of the article criticized therein is not given, so that the lady cyclists of Toronto, who have been so ruthlessly insulted, might horsewhip him out of existence.—Ed.]

Personals.

Dr. J. A. Sutherland has removed from North Bay to Illicillewaet, B.C.

Dr. J. W. Smuch has sold his practice in Binbrook and removed to Toronto.

Dr. W. J. Chapman has sold out his practice at Thedford. He will locate at Rat Portage or Rosenheim, B.C.

Dr. A. C. Sinclair, of Port Elgin, has, we understand, decided to locate permanently in Rossland.

Mr. Thos. Bryant, F.R.C.S., has been appointed surgeon extraordinary to Her Majesty in the room of Sir John Erichsen, deceased.

Dr. J. F. W. Ross has been elected president of the American Gynecological and Obstetrical Association. The next meeting will be held at Niagara Falls in August of next year.

There are only seventeen doctors on Carlton Street between Yonge and Church Streets—one block. The latest additions being Dr. Cattermole, formerly of London, and Dr. Rudolf, recently of Bengal, India. The four hundred overworked physicians of Toronto extend a 'glad hand.'

Selections.

The Jubilee of Anæsthesia.

JUST fifty years ago occurred an event which, passed over or dismissed in a single line by the ordinary historian, was yet fraught with immeasurably greater benefit to mankind than most political, social, or even religious revolutions. On October 16th, 1846, the first surgical operation on a patient under the influence of ether was performed in the Massachusetts General Hospital, Boston, by Dr. John C. Warren. The ether was administered by a young dentist named Morton, who had already proved its anæsthetic properties in tooth extraction, and the effect was so striking that the operator, in homely but expressive Saxon phrase, declared that here was no humbug. Dr. Henry J. Bigelow, who was present, told a less fortunate colleague that he had seen something that day that would go round the world—a prediction that was speedily verified. The significance of the event lay in the fact that it was the crowning and public proclamation of one of the greatest discoveries in the history of medical science—a discovery whereby, in the words of Oliver Wendell Holmes, "the fierce extremity of suffering has been steeped in the waters of forgetfulness, and the deepest furrow in the knotted brow of agony has been smoothed for ever."

The discovery is great in itself, and still greater in its consequences. Not only has the victory over pain which it achieved already been the means of saving countless lives and preventing an incalculable amount of suffering, but it has opened up possibilities of development in the science as well as in the art of surgery beyond the wildest dreams of our forerunners. What surgery was before the discovery of anæsthesia there are men still among us who could tell—if they cared to revive memories so unspeakable. We can get some faint idea from a letter written by the late Dr. George Wilson, who had himself suffered the amputation of a limb in the days when there were no anæsthetics. One extract from his account of the operation will suffice: "Suffering so great as I underwent cannot be expressed in words, and thus, fortunately, cannot be recalled. The particular pangs are now forgotten; but the black whirlwind of emotion, the horror of great darkness, and the sense of desertion by God and man, bordering close upon despair, which swept through my mind and overwhelmed my heart, I can never forget, however gladly I would do so."

That surgery has been for ever freed from this accompaniment of horror is a blessing which we in these days cannot, perhaps, appreciate

at its full value. We can, however, realize that without anæsthesia surgery could never have reached its present state. No human being could bear, and few would care to inflict, the suffering that would be involved in many of the triumphs of surgery on which we legitimately pride ourselves. Nor is it surgery alone that has been advanced by anæsthesia. Medicine, obstetrics, therapeutics, and biological science generally have profited by the discovery, which has made researches on animals possible that could not have been undertaken had there been no means of making them painless.

The discovery of nitrous oxide and ether was quickly followed by that of chloroform. This anæsthetic was made known to the world by James Young Simpson a year after the first trial of ether in the Massachusetts General Hospital. Nitrous oxide, which had first been used successfully in the extraction of teeth by Horace Wells in 1844, had been hissed into an ignominious obscurity which lasted many years, owing to its failure at a public trial in the same hospital where ether made its triumphant first appearance two years later. Wells' mind gave way under the stress of disappointment, and he died by his own hand in a New York gaol.

Morton spent the greater part of his life after making his discovery in sordid wrangles about patent rights and bitter struggles as to priority, and at last passed away before his time, a beggared and broken-hearted man.

Chloroform also had to make its way against stupid and fanatical opposition. It was rejected by surgeons who looked upon pain as a tonic; it was denounced by clergymen as "a decoy of Satan, apparently offering itself to bless women," which, it was benevolently added, "will harden society and rob God of the deep earnest cries which arise in time of trouble for help!" The use of chloroform in labor was even looked upon as sinful by pious women. Simpson fought the battle of anæsthesia—and common sense—with immense ability and learning, and in the end he bore down all opposition. The courage of Her Majesty the Queen, who consented to have chloroform administered to her at the birth of two of her children, powerfully aided in the victory. Simpson did not discover anæsthesia, but to him belongs the merit of having made it be accepted by the world.

Morton and Simpson, and after them Snow and Clover, risked their lives over and over again in the endeavor to find a safe and effective anæsthetic. These men are gone, but their work lives after them. Ether and chloroform still hold the field as anæsthetics, but at present the stream of tendency is running strong in favor of the former. The ideal anæsthetic, however, has yet to be discovered.—*British Medical Journal.*

Rupture of the Kidney.—Dr. C. K. Toland recently reported a case of rupture of the right kidney in a young man of nineteen years, who had been "charged and kneed" by an opponent while playing football.—*Medical Record.*

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Ovariotomy per Rectum During Labor: Death.—Sevitsky (*Annales de Gynéc et d' Obstét.*), describes a case in which during labor at term the fœtal head was arrested by a dermoid tumor of the right ovary. By means of the forceps the head was brought to the outlet, the tumor bulging through the anus burst the rectal wall. Its contents were emptied, and the fœtus was then easily extracted; it was already dead. Lastly, the cyst was drawn down and amputated, the rectal wall being carefully sewn up. Bad flooding occurred during the expulsion of the placenta. The patient died in thirty-three hours of pelvic peritonitis.—*British Medical Journal.*

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Basic Orexin in the Vomiting of Pregnancy.—Rech *Centralblatt fur Gynakologie*) reports a case illustrating the successful use of basic orexin in the vomiting of pregnancy, and thus confirms the favorable report of Frommel published in 1893. Rech gave the drug in doses of four and a half grains, in capsules, three times a day. The first and second doses were not retained, but after the third dose the vomiting ceased. With the exception of a burning sensation in the mouth, no evil effects were observed. In the case reported, nux vomica, bromides, chloroform, tincture of iodine, and cocaine had been employed with success.—*University Medical Magazine.*

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A Rapid Procedure of Intestinal Suture.—Jaboulay and Briau (*Lyon Medical*) describe their perfected method of circular intestinal suture. It is an outgrowth of one performed for resection of the intestine in 1891, and for gastro-enterotomy in 1892. Two threads are passed through the divided ends of the intestine, one at the mesentery and the other directly opposite; pulling on these threads causes the intestinal walls to lie side by side. The posterior edges are then sewn together by a Glover continuous suture in two rows. The first row unites the serous and muscular layers to each other, and the second unites the mucous layers on each side. The anterior half of the circumference of the bowel is then united by a double row of continuous suture; the first of which unites the mucous surfaces and the second or the outside the muscular and peritoneal coats. The two threads first introduced are then tied, and the operation is complete.—*University Medical Magazine.*

Traumatol.—Ladevie (*Allgem. Wien. med. Zeitung*, September 1st and 8th, 1896) records a large number of observations made by himself and others upon the antiseptic and therapeutic properties of this new drug. It appears to have been used with great success in the treatment of varicose ulcers, eczema, metritis, gonorrhœal vaginitis, soft chancres, and wounds both infected and surgical. Bacteriological researches also prove its antiseptic power. The author states that in contrast to iodoform, which is both irritating and poisonous, traumatol is absolutely harmless and non-irritating, both locally and generally, properties which he considers sufficient to give it a high rank in the long list of antiseptics. Internally, its antiseptic action on the respiratory tract is as potent as that of creasote or iodoform. Furthermore, it exerts a most favorable influence on that ordinary intractable complaint, tuberculosis diarrhœa, a property which is said to be shared by no other drug hitherto tried for the purpose.—*British Medical Journal.*

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Gonococcus and Meningococcus.—Kiefer (*Centralbl. f. Gynak.*) demonstrated in June before a German Society, the strong resemblance between the gonococcus and the diplococcus intracellularis, the germ found in epidemic cerebro-spinal meningitis. Specimens of the latter were procured from the spinal canal of a case of meningitis and also from a case of pure rhinitis caused by bacteriological examination of the diplococcus of meningitis. The germ is clearly an active promotor of suppurative inflammation of mucous membranes. It grows freely in glycerine agar, in which it can be cultivated with ease. The gonococcus does not readily propagate in that medium. Hence Kiefer suggests that many cases of purulent discharge from the mucous membrane of the mouth and nasal fossæ in children hitherto attributed to the gonococcus are really set up by the diplococcus of meningitis. The glycerine agar test is necessary in order to distinguish the two germs, so closely do they resemble one another in microscopical appearances.—*British Medical Journal.*

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The Effect of Laparotomy on Tuberculous Peritonitis.—Dr. Gatti (*Il Policlinico*, March 28, 1896) has experimented on dogs, guinea-pigs, and rabbits in order to determine the value of laparotomy in the treatment of peritoneal tuberculosis. He concludes that the laparotomy has little effect when the tuberculosis is quite initial. The tuberculosis presents no macroscopic changes in the first three to five days after operation, but a small quantity of reddish serum is thrown out. From seven days to nearly a month the tubercle was almost

always increased in amount, but after this diminution and disappearance were noticed. Cure occurs through a degeneration of the epitheloid cells, without the intervention of wandering cells, independently of phagocytosis and without the formation of fresh connective tissue. Dr. Gatti thinks the serous fluid which is thrown out the first few days stimulates the repressive processes after laparotomy; this is effected by the serous fluid bathing the tuberculosis mass, however thick, and having a bactericidal and attenuating action on the tubercle bacilli.—*Medical Record.*

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Labor after Symphyseotomy. — Th. B. Hansen (*Hospitals Tidende*) attended a woman in confinement who had been delivered by symphyseotomy three years previously. She gave birth to a well-developed child, weighing six and a half pounds, without difficulty. The child, however, died in parturition on account of prolapse of the cord. Immediately after the birth of the child the two branches of the symphysis were found to be separated about four centimetres. A strong bandage was applied to the pelvis, and in five weeks the woman was able to walk a mile without difficulty. The distance between the two portions of the symphysis was then found to be one centimetre.—*University Medical Magazine.*

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The Indications for Ventral Fixation of the Uterus.—The following indications for ventral fixation of the uterus are given by Dr. G. M. Edebohls in the *Medical News:* 1. Vaginal fixation of the uterus does not come within the sphere of legitimate operations in women liable to future pregnancy. 2. The indications for ventral fixation of the uterus should be limited to the utmost degree in women liable to subsequent pregnancy. 3. Ventral fixation is never indicated in uncomplicated retroversion of the uterus. 4. Inability of an operator to perform shortening of the round ligaments may be an indication for ventral fixation, but not in the case of one claiming to be a specialist in gynæcology. 5. Ventral fixation is indicated, as an adjuvant, in the performance of combined operations for prolapsus uteri et vaginæ. 6. Ventral fixation is indicated as a closing step in all cœliotomies in which the adnexa are removed and the uterus is left. 7. Ventral fixation may be indicated, under exceptional conditions, in cases of adherent retroversion, with tubes and ovaries in good condition. 8. Ventral fixation may be indicated in the most aggravated cases of uncomplicated sharp retroflexion. The writer has not met such a case not amenable to successful treatment by shortening the round ligaments. 9. Ventral fixation is indicated, under certain conditions, in cases of uterus unicornis.—*Medical Record.*

THE ULTIMATE RESULTS IN EIGHTY-SIX CASES OF FIBROMATA OF THE UTERUS TREATED BY THE APOSTOLI METHOD.—Dr. G. Betton Massey reported to the American Electro-Therapeutic Association at its annual meeting in Boston, September 28, 1896, eighty-six consecutive cases of uterine fibroids treated by the Apostoli method. After considerable correspondence and inquiry, the ultimate results (or those existing from two to eight years after cessation of treatment) were ascertained in seventy-five cases, and were found to be as follows :

Anatomic and symptomatic cure :

(*a*) Destroyed piecemeal by electrolysis through cervix..	1
(*b*) Extruded through cervix in whole or part.....	4
(*c*) Disappeared under absorption.....	12

Symptomatic cure :

(*a*) With great reduction in size.....	16
(*b*) With slight reduction in size.....	21
(*c*) Without change in size.....	10
Total cases resulting in practical success.....	64
Symptomatic improvement only.....	4
Failure to effect any change.....	6
Made worse.....	1
Total cases resulting in failure to relieve.....	11

The sixty-four successful cases give a percentage of 85.33 per cent. of successes, and the eleven cases of slight improvement and no improvement and the one made worse give a percentage of 14.66 per cent. of failures. The one case that was made worse was a cystic intra-uterine growth, that was improperly treated by electricity before it was generally known that such cases should not be treated by the classical Apostoli method. Future statistics will naturally be clear of such errors of practice ; hence it may be said that the practical ultimate results in a hundred cases properly treated by electricity will be at least eighty-five cases successfully and satisfactorily handled, and fifteen cases in which electricity will do no good nor yet any harm, leaving the tumors unchanged for other methods promising greater relief. Of the twelve tumors reported as having disappeared by absorption, this fact was verified by the reader of the paper in but seven instances, the remainder being reported by the patients themselves.—*Medical Record.*

INASMUCH as the New York Examining Board has refused to accept medical licenses issued by the Pennsylvania Medical Council, the latter has rescinded the rule accepting licenses from the Empire State.—*Medical Age.*

Miscellaneous.

THE attention of our readers is called to the advertisement of Canesda Water, which appears for the first time. This, a Canadian mineral water, with composition very similar to that of the celebrated Bethesda, which was so largely used in cases of diabetes.

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THE returns from the medical schools in London show the lowest total entry of new students for the full curriculum which has been recorded for many years. The average for the five years, 1881-85, was 635; for the five years 1886-90, it was 646, and for the five years 1891-95, it was 598. This year the total is 478.—*British Medical Journal.*

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SIR JOHN ERICHSEN'S WILL.—Estate duty has been paid on £88,619 as the value of the personal estate of Sir John Eric Erichsen, Surgeon Extraordinary to the Queen, President of the University College, who died at Folkestone on September 23rd, aged seventy-eight years. The testator bequeaths to University College his surgical instruments and appliances, and to University College Hospital £2,000 for the rebuilding fund exclusively; to Mr. Christopher Heath and Mr. William Meredith the copyright of "The Science and Art of Surgery," but excluding the profits of the tenth edition thereof; to the Royal College of Surgeons his best bust in marble, by Thornycroft; to the British Museum his gold Fothergillian medal, presented to him by the Royal Humane Society.—*British Medical Journal.*

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THE reorganization of the Canadian Militia Medical Service demands the early and earnest attention of the Dominion Government. It is quite clear that, should the splendid fighting material available for Canadian defence have to be suddenly mobilized, the medical service would be utterly unfit to play its part, and a lamentable and culpable loss of life would result therefrom. The regimental medical officers in their present untrained and unequipped condition would not be able to afford even first aid to the wounded, while the total absence of organized bearer companies and field hospitals would leave multitudes of brave men to perish miserably. What can the Dominion "military advisers" be thinking about?—*British Medical Journal.*

Enuresis Nocturna.—Dr. A. B. Wilson, Buffalo, N.Y., writing, says: "This was a case of a girl, nineteen years of age, suffering from irritable bladder, and who had wet the bed nightly from childhood. She was compelled to avoid company and the usual social life, on account of frequent micturition. One bottle of Sanmetto overcame the irritation to such a degree that for the first time in fifteen years she passed a night without wetting the bed. She is still using the remedy in hopes of complete recovery."

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Medical Students in Germany.—According to the *Universitatskalender*, the number of students in the medical faculties of the several German-speaking universities during the last summer semester was as follows: Munich, 1,502; Vienna, 1,370; Berlin, 1,118; Wurzburg, 730; Leipzig, 658; Graz, 468; Freiburg, 458; Erlangen, 411; Greifswald, 378; Kiel, 368; Breslau, 323; Bonn, 314; Zurich, 303; Strassburg, 295; Gottingen, 257; Marburg, 247; Konigsberg, 232; Geneva, 231; Heidelberg, 227; Halle, 215; Tubingen, 214; Jena, 211; Giessen, 181; Bern, 179; and Rostock, 115.

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Superfluous Schools.—The medical profession realizes plainly that the average income of physicians would not be so low if there were not so many schools, dispensaries and hospitals giving free treat ment to many patients well able to pay. Worse than that, these institutions actually bid for more cases so as to have greater attractions for students. The evil is not in having too much clinical material for our medical students, for they need much, but in scattering the teaching work in too many institutions, thereby multiplying many fold the number of cases needed for instruction, as well as half-educating twice too many physicians.—*Cleveland Journal of Medicine.*

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Sensible people should pay no attention to the silly sneers too frequently seen in certain newspapers, at the evidence of experts who testify for the defence in trials for murder where the defence is insanity. The crown depends on the evidence of experts in probably nine out of every ten criminal trials. Is expert evidence good where the crown uses it and unreliable when used on the other side? If a man of the standing and attainments of Dr. Daniel Clark is not to be trusted as an expert, are juries to believe the professional detectives who hang around the Attorney-General's office looking for a job, and whose bread and butter depend on their finding a clue and getting a conviction?—*Canada Presbyterian.*

FIGURES SPEAK FOR THEMSELVES.—During the past year John Wyeth & Bro. have sold over 500,000 bottles of their nutritive preparation, Liquid Malt Extract, and they claim that each month the demand is increasing. It is not only held in favor by the public, but the medical profession throughout the Dominion have no hesitation in endorsing all the claims that have been made for it. J. B. McConnell, Esq., M.D., one of the leading physicians in Montreal, in a letter dated October 6th, says: "I have for a number of years freely prescribed Wyeth's Liquid Malt Extract, and it always gives the results expected of it and desired." The preparation is a most palatable and valuable nutrient, tonic and digestive agent, and contains the smallest amount of alcohol found in any liquid preparation of malt. It is particularly adapted to nursing mothers.

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"POOR, over-burdened St. Louis," was the exclamation generally heard at medical meetings but a few years ago, when the subject of medical colleges was approached. Now, St. Louis is not "in it" compared to Chicago, where thirteen colleges with teaching faculties, having 777 professors, adjuncts, instructors, etc., make up a regiment, the like of which has never before been seen in the history of civilization. We do not envy this aggregation of talent, for it is like the man of the sea, a burden, which grows heavier with time. Chicago will some day "in the good times that are coming by and by," cast off this burden and assert her "I will," to keep diploma mills, quackery, etc., in subjection. Flush the sewers of this awful stench which must emanate where there is so much carrion. The standard medical colleges of Chicago will then feel relieved of this thorn in their side, which, while it does not interfere with their legitimate work, is yet an irritation from which they must be relieved. The Illinois State Board of Health must investigate in reality, instead of apparently, and until it does the weed patch will grow, bear fruit and multiply.—*The Medical Fortnightly*.

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MEDICAL LONGEVITY.—The *London Lancet* for June 20 states that Dr. Salzmann, of Esslingen, has recently devoted his attention to determining the average duration of life among members of the medical profession. After an exhaustive examination of all accessible archives referring to the last four centuries, the following are the results arrived at by the zealous antiquarian: The average duration of a medical man's life during the sixteenth century was 36 years 5 months; in the seventeenth century it was 45 years 8 months; in the

eighteenth century 49 years 8 months ; and in the nineteenth century 56 years 7 months. It would appear from this data that, whether the survival be of the fittest or not, the duration of medical life has been increasing in a marvellous manner. Should the same rate be maintained, practitioners of medicine may ere long all look forward to centennial honors, by no means a rosy prospect from the point of view of the neophyte who, as it is, finds it sufficiently hard to make good his footing within the densely crowded ranks. According to Dr. Salzmann the addition of over twenty years to the average medical lifetime is due to the advance in medical science, preventive and curative. The ironic apophthegm, "physician, heal thyself," can no longer be launched with effect.

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The Country Doctor.—The country doctor is the natural brake upon the profession. To this caution is due the fact that so many meretricious discoveries and inventions, at first exploited as the greatest of advances in medical science, find their true level and often sink into oblivion. He is not controlled by any institution which he must uphold, right or wrong, and has no necessity to advertise himself by the cheap clap-trap used by so many who rise amid the competition of the cities. Where these talk theory he can give them experience ; not, it is true, heralded through the lay press as examples of his wonderful skill, but experience that makes him quick to deal with emergencies, skilful in making the most out of the least facilities, and practical in placing first the good of the individual and not the advertising of a theory.—*Med. and Surg. Reporter.*

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Liquid Hæmoferrum. (Liquor Hæmoferri).—Frederick Stearns & Co. state that liquid hæmoferrum was introduced by them to meet the demand of physicians who often desire to prescribe hæmoferrum in the liquid form and in combination with a stimulant. It is a delicious cordial, each teaspoonful of which contains six grains of hæmoferrum, which is equivalent to two hæmoferrum pilloids. Hæmoferrum is that form of iron which exists naturally in the blood —in other words, it is pure oxyhæmoglobin. A full description of the product will be found in the monograph on "Oxyhæmoglobin and Allied Products" published by the Scientific Department of Frederick Stearns & Co. Their circular on Hæmoferrum contains a number of clinical reports from physicians who have used the article successfully in their practice. Both of these pamphlets will be sent free to physicians desiring them. Send mailing address to them with requests and copies will be mailed promptly.

Mucous Membrane of the Rectum.—Criticizing Whitehead's operation for piles, Dr. Edmund Andrews says: "A description of the peculiar mechanism and important functions of the mucous membrane and sub-mucous tissue of the rectum will show that we are not dealing with a simple, smooth, mechanical tube, but with a highly specialized organ, which cannot be dissected out and destroyed without doing great and irreparable mischief to the patient. The mucous membrane of the lower inch of the rectum has a peculiar mechanism, constituting it a tactile organ which is the seat of a very acute special sense, by which a healthy person is warned of the presence and downward progress of the fæcal mass. Its nerves also possess remarkable reflex powers over the sphincter muscles, so that they resist the sudden and unexpected escape of fæces and flatus, without the necessity of a constant mental attention and exertion of the will."—*Mathews' Medical Quarterly.*

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A Case of Cerebro Spinal Meningitis Complicating Gonorrhœa Treated by Antikamnia.—The concluding remarks from the above article, by G. S. Leggatt, M.R.C.S. England, L.S.A., taken from the *Lancet* (London) are interesting from both therapeutic and physiological standpoints: "Remarks.—(1) This is a rare complication of gonorrhœa, and, as far as I can find, is not mentioned in any of the books which refer to the subject; but bearing in mind the similitude of structure between the meninges and the joints there seems no reason why they should not be occasionally attacked in a manner similar to the latter. (2) Antikamnia is a remedy said to possess analgesic, antipyretic and anodyne properties. Its dose is three to ten grains, and it will be observed that the doses I gave were large ones; but the symptoms were extremely urgent, and it is interesting to note that there was no depression. During its exhibition the pulse improved in force, and the administration of the drug reduced the temperature to normal, and seemed in this respect to be greatly superior to that of phenacetin. (3) As to the diagnosis it is difficult to know how the symptoms, which were of a most pronounced kind, could be accounted for on any other supposition than involvement of the fibrous textures of the spine and cranium. That the disease did not more definitely and more permanently attack the pia mater and arachnoid is probably due to the prompt administration of the antikamnia and salicylate combined, which seemed to me to prevent the optic neuritis and other more obvious and serious consequences of an established meningitis."

LATE one evening a doctor received a note from a couple of fellow-practitioners, saying: "Pray, step across to the club. We are one short for a game of poker." "Emily, dear," he said to his wife, "I am called away again. It appears to be a very serious case, for there are already two doctors in attendance."—*American Druggist.*

* * *

THE "WINDY CITY."—No wonder Chicago is thus termed, if it is true, as it is claimed, that there are seventeen medical schools within its borders. It is further said that ninety-eight out of every hundred physicians hold some sort of connection with a medical teaching body.—*Medical Age.*

* * *

REGARDING the question of medical education and overcrowding of the profession, the *Boston Medical and Surgical Journal* says: The solution of the problem of overcrowding must lie in the clearer recognition of the fact that medicine is not hedged in by any narrow boundary lines, but grants opportunities of work to an extent not found in any other profession, work which is sure to become more and more remunerative, as the public sees its growing usefulness. Already there is sufficient evidence of this. Laboratories are everywhere being established. With their establishment comes at once the necessity of directors and assistants who are skilled in the particular line of work which any given laboratory is to subserve. Positions are forthwith created to which adequate salaries must of necessity be attached, and we have at once, perhaps a small, but still a definite means of escape from the dreaded crowd of practitioners. Such positions are at present hard to fill, but it cannot for a moment be open to doubt, that the next ten years will see a score of applicants for every place of scientific trust. Even now it is quite possible to discern a beginning change of front on the part of the younger generations of medical men. More and more are training themselves for work, which they see some one must do, and many, as they leave their three or four years of medical study, find a position of immediate usefulness in some one of the manifold directions, in which skilled work is required. The future is altogether encouraging with the limitless outlet which the scientific side of medicine offers. Were it not for this we might well bewail the thousands of physicians who are crowding into the profession each year. As it is, the more the better, provided they will but realize that their field of usefulness lies or may lie beyond the details of their daily practice.

The Canadian Medical Review

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VOL. IV. TORONTO, DECEMBER, 1896. No. 6

Original Communications.

Syphilis and Its Treatment.*

BY DR. A. R. ROBINSON, OF NEW YORK.

He said his paper was only fragmentary, but he would discuss the question on broad lines; he would endeavor to show that energetic, continuous treatment should be employed throughout the whole period of the contagious stage from the time the disease could be earliest recognized, followed by interrupted treatment during life, so as to procure as far as possible immunity, to prevent the formation of lesions and injury to the tissue in any part of the body. The aim of treatment should be to avoid or minimize dangerous structural changes in important organs, to give a benign character to the disease, and to leave the system in about as normal a condition as it is after such acute diseases as scarlet fever, variola and the like; to leave the system in much the same condition as a mother is left who has received immunity without receiving the specific organisms from the fœtus, not being able to acquire syphilis, and hence not acquiring the

*Read at a meeting of the Toronto Medical Society.

secondary and tertiary lesions. Syphilis, the essayist held, was an acute infectious disease, with anatomical lesions either visible or invisible and general intoxication from toxines, and was capable of bringing immunity about directly or indirectly. It was a disease of limited duration. Why was syphilis a serious disease ? Many held that it was not. He believed it was. In certain acute infectious diseases, as typhoid fever and variola, death resulted usually from intoxication by toxines. In some of the more chronic that do not give immunity, as tuberculosis and leprosy, death usually results from injury to important organs in consequence of some inflammatory change. The loss of strength, pains in the muscles and joints, and concurrent symptoms are due to the intoxication from the toxines, not from the organisms direct. Considerable stress should be laid upon this intoxication by the toxines. A considerable number of writers oppose this view. Syphilis is a serious disease, because of the deformities which sooner or later may cause fatal conditions such as meningitis, myelitis, etc. In addition, often where there are no lesions to be observed by the eye, the microscope shows changes in the tissues. The smallest amount of intoxication necessary for immunity may leave some impress on the tissue sufficient to show that the dyscrasia exists, the less intoxication the less injury to the tissues. This was important to remember, because often lesions occurred, owing to tissue vulnerability, ten or twelve years after all the syphilitic poison had left the system, such as syphilitic palmar psoriasis, patches on the tongue, etc.

Text-books had stated that the contagious stage existed for a period of three years. They divided the disease into three stages. Too much stress had been laid upon this matter. The disease had no stages, but was a continuous process. The length and severity of the attack were not dependent on the length of incubation nor on the character of the primary sore, except in a general way. The so-called secondary stage was ushered in by certain cutaneous manifestations. Fever was present, the lymph glands, the spleen and the liver were enlarged, the nervous system was affected, neuralgia being marked. The malignancy of the disease depended on the soil, not on the amount of inoculation. It was to be remembered that dangerous conditions might exist without any severe external lesions being visible.

An important point in treatment consisted in preventing, if possible, the untoward results of lesions by pushing the remedies, although no outward signs were visible. These toxines were sure to leave their impress on the tissues. The absence of cutaneous lesions was no

proof that lesions were not present in the internal organs and damaging them. The lesions of the skin were of slight importance as compared to those of internal organs.

In answer to why existing lesions should be treated, the speaker said it was to lessen the danger of contagion, to remove deformity and to save tissue, and to abort the normal duration of the contagious stage. It was much better to prevent lesion formation than to wait until the lesions had formed and then commence treatment for their removal. During the contagious stage contagion may occur from the lesions, the blood, and probably from the physiological secretions. To lessen the contagiousness was important.

The essayist then discussed the anatomical character of a syphilitic lesion. There was first the papule. The first pathological change was an arteritis, accompanied by a small-celled infiltration, very dense. The cells were poisoned by the virus and were no longer able to advance to a higher state of development; they underwent fatty degeneration and absorption if there was no mixed infection. The virus acted so strongly that there was complete destruction of the normal histological elements of the part. This could only be replaced by scar tissue; so where syphilitic lesions once existed the destruction was permanent. For instance, if a physician got a chancre on the finger, it could be recognized twenty years after, even with the naked eye. The speaker laid emphasis on the fact that a lesion once formed, the part is irreparably damaged. The lesions which occur twenty and thirty years after inoculation are not due to the syphilitic organisms or their toxines, but to other influences at work upon the soil rendered vulnerable by the ravages of the early disease.

Treatment should be directed toward diminishing the amount of the virus produced, and to aid in its elimination or to render it inocuous as long as the organisms are present. Besides, the lesions should be removed. The life activity of the organisms may be greatly lessened, if not removed. As far as was known now, only two drugs had any special action on this disease—mercury and the iodides. Mercury was directly antagonistic to the organisms. A solution of the bichloride of one thousandth per cent. strength added to a drop of pus from a hard chancre destroyed the organisms. Iodide of potash would not do this; but had this effect: it aided in cell metabolism and in some way or other assisted in the elimination of the virus. The mercury should be pushed until the gums are touched. If it was not shoved to this extent there was no proof that enough was being given to produce its physiological effect. It was necessary to keep the mouth in a good condition. Smoking was to be prohibited and the

teeth were to be kept clean. The mercury had the best effect and was least harmful when given by inunction. Where prompt action was needed, this was the best mode of administration. Contraindications to this mode were where there was too much adipose tissue, or in persons with tender skins. The essayist referred to a certain proprietary remedy. Its value lay only in its value as an eliminant. It had no definite antagonism on the toxines.

During treatment an important point to remember was to prevent irritation of any part of the body or the over-determination of blood to any particular part. This tended to prevent the formation of lesions. Hence, a student should not read too much ; and care should be taken by those whose work exposed them to avoid injury.

Regarding the initial sore, he said its character was not a positive guide as to the prognosis. As far as intoxication was concerned, there was no doubt a large lesion would be a hot bed of infection. A better guide to go by was the character of the ground. And it was to be remembered that a patient in excellent physical condition, even a pea-sized chancre with little signs of breaking down, may get very soon in a bad condition, if such precautions as the avoidance of drink and the like be not enforced. The speaker reported the case of a man who had a chancre about the size of a fifty-cent piece on the middle of the penis. In spite of all treatment he died of syphilis, the ground was so favorable.

Can syphilis be aborted by treatment of the primary sore? was the next question the doctor discussed.

It took about twenty days after infection for the primary sore to form so as to be recognized. It took about ten days for the inguinal glands to enlarge ; consequently, ten days before the sore was recognized there was infection of the glands, so it would be seen that it was useless to excise the primary sore. This did not counteract the view held that, if there was a hot-bed of infection, and one could diminish the size of the sore and make certain applications to inhibit the action and life of the organisms, the amount of intoxication from this hot-bed would be lessened ; but it was perfectly useless to excise the primary sore for the purpose of aborting the disease. This proved that it was a continuous process. Treatment should commence at once. The appearance of the secondary eruptions should not be waited for ; enlargement of the inguinal glands was sufficient. Some persons suffered more than others in the secondary stage. The ground accounted for it. Persons with a lowered condition of health suffered more than the robust. This latter condition should be maintained, if possible. Good hygiene, food of the proper quality and quantity,

and the avoidance of excesses should be enjoined. A good action of the excretory organs favored the elimination of the toxines.

Mercury, Dr. Robinson went on to say, had an inhibitory action on the life of the microbes. It, perhaps, killed many of them, as shown by the experiment he had described. It was not possible, judging from clinical experience, to kill all the organisms in the body; they were scattered through the whole system. But their action could be inhibited, their toxines lessened. It was possible to postpone, or entirely prevent, the formation of lesions. If the secondary lesions were entirely prevented during the secondary stage, treatment after this was unnecessary. The stage is present, although one may see no cutaneous lesions. The doctor stigmatized that plan where the patient went under active treatment for thirty days, and was allowed to go untreated until symptoms reappeared and was then treated again. This was not correct, because, as he had shown, a reappearance of the signs meant serious tissue injury. In this sort of treatment one was simply repelling attacks, not carrying on offensive warfare against the organisms. Such treatment would materially increase the danger of tertiary lesions. The rule was, the less secondaries the less tertiaries. Anti-syphilitic treatment after the contagious stage aimed at the prevention of gummatous formation. For this, mercury combined with the iodides was the treatment.

Gummata, the essayist thought, should not be regarded as syphilitic lesions, syphilis was just a predisposing factor. Energetic and continued treatment was called for in treating these tertiary lesions. Mercury might be given for a certain length of time, but it would lose its action. It was wise to change to the iodide. The iodide aided the mercury in its action. One must be careful how he administers the iodide at this juncture, because it might loosen up too much mercury in the system.

The speaker then drew attention to irritation lesions of the tertiary stage; these might be seen on the tongue and lips of those who used alcohol. Another example was the occurrence of parasitic lesions on the skin. Such were the result of the dyscrasia, not of the syphilitic poison. And they were not cured by antisyphilitic treatment. Their removal was aided by giving that which would bring about a normal condition of the system. Such remedies as the iodide, which aided in restoring a proper action of the glands, would aid in the removal of such lesions. Locomotor ataxia and similar lesions come under this category.

Referring to the value of Hot Springs, the doctor said their value lay in keeping the system in a good condition. The system underwent

good cell metabolism. Ten minutes after taking a hot bath the patient's temperature ran up to 100° to 103°, showing rapid cell metabolism. At home after such a bath there would be no elevation. He had seen a number of persons who had never taken syphilitic treatment go there, take no treatment, except the baths, and the lesions disappear entirely, showing these were irritation lesions from within and that they had nothing to do with the syphilis. The danger in the later stages was more from the lesion-formation than from the intoxication. A condition of the system should be brought about similar to that present in the mother who has obtained immunity through the fœtus. The placenta, if in normal condition, acts as a filter. The mother does not suffer from the secondary or tertiary lesions. Where these lesions do occur in the mother, it is only explained by some change in the walls of the vessels so that the organisms pass from the fœtus into the mother and cause lesion-formations. The toxines give immunity and the person throughout life would have no syphilitic lesions of any kind; he was immune.

So the object in treatment was to try to get this immunity which could be got without lesion-formation, so that the tissues, as in the case of the mother with the syphilitic fœtus, may escape injury. Treated on these principles there were no reasons why syphilis should be a dangerous disease to persons affected; danger to others was almost entirely removed. The disease itself was not only made less severe but the lesions less frequent.

Discussion.

Dr. Wm. Oldright—Where there are sufficient data to enable us to determine at what period does cessation of the action of the organism occur, what period may we look for arrest of the disease without treatment? If we meet with a patient in the later years and find the patient has had syphilitic lesions, and not sure he has undergone a thorough course of treatment, what is the latest period we would be justified in treating, what is the latest period we would look for manifestations?

Second, how long are the toxins in being eliminated after the micro-organisms have ceased to exist?

Third, has the reader of the paper met with those conditions of lardaceous disease simply from the syphilitic micro-organism without the long existence of purulent organisms?

Dr. Edmund E. King—I have listened with a great deal of interest to what Dr. Robinson has said. I feel that the intoxication idea of syphilis has a very able exponent. After these remarks, stating that

intoxication is the most active agent in the disease, I do not reconcile the fact that he is in opposition to the excision of the sore. While it might be impossible to abort syphilis by excision of the initial lesion when advanced, yet there must be a period when excision of that lesion could abort the disease.

The sore develops in a stated period, and from that period another stated period exists before the inguinal glands or nearest glands are affected; so if it be possible to see the chancre and excise it, it appears to me we should at that period abort the disease. I do not suppose we meet with these cases but exceedingly rarely; yet, theoretically, abortion should be possible. If we do not meet with the sore before the glands are affected, we see it as soon as they are affected or shortly after; if we excise that lesion, we are preventing a large amount of toxic matter from entering the system. If it is a fact that the size of the sore has a bearing upon the future disease in the patient, it seems to me that the sooner that area is eliminated the sooner there will be a lessening of the amount of toxins absorbed. As long as there is an active lesion, toxins are being formed and carried into the system. If the chancre be excised widely and freely, you are placing the patient in a much better position in regard to treatment; of course there are certain positions in which it is impossible to excise the sore. In such cases it is possible to destroy the sore by the actual cautery. I have looked into the matter with some degree of interest, and have records from cases in which I know that the excision has been followed by good results. I question the statement, if man is once affected and cured he is immune from a second attack. If it is possible to be cured of syphilis, it is possible to catch it again. If it is a self-limiting disease, there comes a period when it can be reinoculated.

Dr. F. Oakley—In case of a late lesion, such as general paralysis, occurring, perhaps, twenty years after syphilis has been acquired, does Dr. Robinson mean to say that if we see such a case in the beginning treatment is useless? That is not the position of authorities. For instance, in locomotor ataxia it is thought anti-syphilitics are beneficial.

Dr. J. E. Graham—I have listened with a great deal of pleasure to the paper by Dr. Robinson. I feel especial pleasure in listening to Dr. Robinson, because he is a Canadian and a fellow-graduate. He is one of our honorary members, who has been an exceedingly useful one. I am sure he has never given anything of greater value than the paper given to-night. He has given us the modern ideas of syphilitic disease as well as its treatment. We have been too much governed by tradition in syphilis as well as in many other things in

medicine. We have been trying to recognize primary, secondary and tertiary stages. If the secondary stage was not present, we would have doubts that the case was syphilis. We have been expecting to have certain distinct lesions and sequence of lesions. The sequence takes place in the great majority of cases. We know there are many cases in which the sequence has been irregular. The doctrine taught us to-night will make us easily understand this irregularity, understand why some cases terminate fatally within a year, and why, in other cafes, the lesions may be very slight.

In speaking of the possibility of reinfection, I would like to mention two cases which came under my own observation, in which, unless I made a mistake in the diagnosis, syphilis existed twice ; the patients became reinoculated. I do not see why, particularly taking the ground Dr. Robinson has taken, there should be always immunity in syphilis. In variola, for instance, immunity does not follow. I knew a gentleman who had variola twice, the second time more severely than the first. I do not see why the same sometimes should not occur with syphilis.

Dr. Graham, continuing, asked the essayist his opinion of treatment by mercurial inunctions while the iodide of potassium was being given internally. Such treatment had been condemned, because it was said that the iodate of mercury was formed in the system, which was very injurious. He had seen the reports of some cases treated in this way where serious results followed. The speaker further requested the reader of the paper to give his opinion of the intermittent treatment, the administration of mercury in the form of blue pill for ten days, then the iodide for ten days, and ten days without treatment. This treatment had warm advocates. The mercury after acted on the system ; then elimination was favored by the use of KI.

Dr. Graham agreed in pushing the mercury, as the essayist had recommended, and emphasized the necessity for buccal cleanliness at this time. There were persons, however, who could not observe this rule ; they take so large an amount of mercury before the gums are touched. A good point to remember was this : It was known that syphilitic poison has a deteriorating action on the blood—lessening the amount of hæmoglobin The mercury increases it. Rule.—Give mercury as long as the increment is kept up. When it is noticed to diminish, stop the mercury.

He would like the essayist's opinion on the use of intravenous injections of the bichloride.

There was no doubt about the importance of commencing treating the disease from its commencement.

Dr. JOHN HUNTER told of a case of secondary syphilis occurring in a young man engaged to a young lady who had been turned out of doors by a stepmother. Marriage seemed imperative. The doctor recommended the young lady to undergo treatment, and that careful hygienic precautions should be observed. If any symptoms arose an immediate report was to be made. The lady was put on treatment before marriage, the liquor hydrarg. perchlor. being administered. She never acquired the disease, and has had four healthy children. The husband recovered. Was it necessary, the speaker asked, to antedate the syphilis in this case? If so, why not protect everybody from it?

A second case had come under his notice. The patient, a very intelligent man, had acquired syphilis at twenty. Was treated at Guy's Hospital for three years, off and on. He then married and raised a healthy family, the youngest daughter being eighteen. During "the boom" he became financially ruined. With that, impaired health came on. The syphilitic lesions reappeared on the abdomen and other parts of the body. Brain lesions set in. There was, first, paresis of certain muscles, then psychical disturbance. In three or months the man died. Dr. Hunter asked the essayist how this reappearance of the lesions in this case were to be accounted for.

Dr. R. A. REEVE inquired of the essayist in what respect he considered congenital syphilis differed from the ordinary acquired, as far as the evolution of certain symptoms were concerned. He asked this in view of the statement of the paper that the so-called late symptoms were attributable to the syphilitic virus in the system. There was one condition of the eye occurring in congenital syphilis six months, one year, two years, or even fifteen years after birth, the so-called interstitial inflammation of the cornea. The fact was noticed that when the second eye was involved (as a rule), though the patient was under mercury and in as good a hygienic condition as possible, not infrequently the inflammation involving the second eye was materially worse than that involving the first eye. As this occurred within a year after birth, and was a symmetrical lesion—affecting both eyes—and, in a sense, out of the category of tertiary lesions, the speaker asked in what sense the evolution of this symptom varied from the essayist's rule, and also whether he considered, if that characteristic of the disease appeared at fifteen or twenty, as it often did, the infective period still persisted. Dr. Reeve referred to the use of hypodermic injections of pilocarpine in conjunction with the mercurial and iodide treatment in iritic adhesions. His confrere, Dr. Burnham, had drawn attention to this form of treatment in a paper read before

the society, in which usual anti-syphilitic treatment had failed. The speaker pointed out that pilocarpine could not be used indiscriminately. He called attention to the plan of systematic diaphoresis by vapor baths bi-weekly during the so-called secondary stage, while giving mercury. This would act like pilocarpine and was much safer. He did not agree that the immunity obtained by treatment was similar to that obtained by the mother through inoculation from the fœtus. Dr. Reeve thought that emphasis should be laid on the dosage of mercury and the iodide. It was too often prescribed in a lakadaisical way, and in such doses that anybody could take year in and year out without harm.

Dr. T. F. McMahon referred to a method of detecting whether the disease was present or not. It was held by some that sixty grains of pot. iodid. should produce iodism if syphilis was present. If it did not, the individual was free from the disease. He asked how certain cases of outbreak of syphilis at an advanced age were accounted for, barring the untruthfulness of the patient. If these cases were genuine, he would like to know if the essayist considered that these manifestatious showed increased vulnerability of certain tissues, or were they due to the specific organisms being present and making an outbreak at that time?

Dr. C. J. Hastings cited reports of treatment by intravenous injections. One case of Jacksonian epilepsy, where there were two epileptic seizures daily, after the second injection, was relieved for a considerable time. One man had reported four or five hundred cases with gratifying results. The effects were almost immediate. The syringe used was made of glass, so as to be rendered entirely aseptic. The technique of the operation was described. One-sixth of a grain of the cyanide of mercury was used.

Dr. A. McPhedran said that the reader of the paper held a very optimistic view of the prognosis of syphilis. His opinion would give great hope to those affected with the disease; many practitioners in years past looked upon the disease as incurable. Quite a number of leading men to-day think it is incurable. He (the speaker) would like to go as far as Dr. Robinson, but would find a great deal of difficulty in doing so. Supposing all the mercury given in the contagious stage was not curative, but simply inhibitory, it did not destroy the germ—just inhibited its growth to a greater or less extent. In some persons the inhibitory action would take place rapidly, and they would show no signs of the existence of the disease for a long time. In other persons the lesions would appear during the administration of mercury, and with a virulence that would not be held down by mercury.

The proper dosage was that which would produce physiological effect. The rule of giving it while it produced improvement in the blood had been stated. Even then, perhaps, enough was not being given to do the most good. In some cases he had seen the virulence of the disease very little affected. The remedy could be looked upon as simply inhibitory, in some cases very slight. Some cases would resist the mercury and would show lesions in spite of treatment; therefore, some cases were incurable. The essayist had stated that a patient in the secondary stage might have serious internal lesions, though no external were visible. This must be taken as a matter of opinion, as probably impossible to demonstrate. Dr. McPhedran thought the two remedies, mercury and iodide of potash, had in the past been used very much at haphazard. Mercury was the drug during efflorescing phenomena, the KI being given for the grosser lesions. He thought the iodide was preferable in intracranial syphilis. It was generally considered by many neurologists that these late lesions were toxin lesions and not germ lesions. It was difficult to explain why the toxins should be there if the germ was gone.

Dr. Robinson replied. He said that he had stated that many cases were incurable. He quoted the experience of Hutchinson and others, which agreed with this. Others got well without any treatment. Great importance was attached to the cor dition of the ground. It must be paid attention to. That there were lesions of the internal organs many examples showed: disease of the eye in the early secondary stage without cutaneous lesions; women showed lesions of the vagina without another lesion; others have them in the mouth. If this was true of organs we could see it must be true of those we could not see. A case might be mild and there be no cutaneous disease; in another there might be nephritis. Microscopical examination of tissue showed changes before lesions have occurred on the skin. Physiological changes occur in the cutaneous tissue before microscopical changes are seen. They must take place if the toxins are there, causing fever, lassitude, etc.

Regarding the use of the remedies: KI had no effect directly on the life action of the organism, he repeated; it only aided by some action on the glands the elimination of the poison. It would cause absorption of the gummatous material, but would not stop the formation of lesions that would become gummatous. The only value of KI in a diagnostic way was where certain tumors were present, of the rectum, for instance, and the question was whether they were syphilitic or sarcomatous, carcinomatous, etc., KI might settle the question.

He had no objection to intravenous injections: he thought it was

preferable in many cases. But the patient would not come to one's office every day for weeks and months. It would cost too much and took too much time. The very same result would be attained in other ways. As to the question of the causation of general paralysis and other lesions, some men held it was caused by syphilis. An analysis of Isaac's cases, lately published in *Lassar's Journal*, showed that there was no reason for supposing these lesions were the result of syphilis. He (the speaker) referred to the value of baths. The duration of the contagious stage was not settled. He considered that three years was long enough to treat anyone who did not show signs, that is, if treatment had commenced with the appearance of the primary sore. He believed persons got immunity. He did not believe the organisms existed any longer when immunity was established. The immunity was got from intoxication.

Regarding excision of the primary sore, he said that in his paper he had pointed out that if the chancre was diminished in size by any means the amount of toxins was diminished ; but that would not abort the disease, as the inguinal glands were affected before the primary sore forms. He believed in every case reported as aborted there had been a mistaken diagnosis. He did not think a positive diagnosis could be made until the inguinal glands were noticed as being affected. It was to be remembered, too, that the inguinal were glands that could be palpated, but there were others which could not be felt. It was difficult to destroy the chancre when it was large ; and even if one could excise it, a large indurating sore formed very rapidly after excision.

The Treatment of Puerperal Convulsions.—Dr. T. Burgess, of Nashville, in a paper read before the Southern Illinois Medical Association and published in the *Medical Review* of St. Louis, Nov. 7, holds strongly to the value of bloodletting in these attacks. He divides the convulsions into three varieties : the epileptic, the apoplectic, and the hysterical. In the first two varieties, venesection is of the utmost value, unless the patient is very anæmic or greatly exhausted from prolonged labor. Even then, a slight bloodletting is very frequently valuable. It is not of so much utility in the hysterical type of convulsions ; but here also the writer has obtained benefit from the employment. In the epileptic and apoplectic varieties, the bleeding should be free. Enough should be withdrawn to render the pulse soft and well reduced in frequency.

Editorials.

Medicine as a Profession.

When youth is upon us and enthusiasm runs high, many a young man betakes himself to the medical colleges. But the choice is not one of ease or roses.

In the first place there is much hard and unpleasant work to be done before the portals of the profession are safely crossed. By the way, many fall out discouraged either by the severity of the trial or from the want of funds, or through failure of health. Some enter upon the study of medicine who have no adaptability for such a calling, and must, as a consequence, sooner or later fall by the examiner's hands.

A few, but very few, who have no marked ability, and who therefore struggle through the various examination ordeals in a most laborious and uncertain manner, make fair doctors. The rule, however, is that a student who either from lack of ability or application makes a poor showing at college makes a poor showing in after life.

Then, on the other hand, there are those who are brilliant as students, but who for some lack of tact never do well in practice. They may have large funds of book and hospital learning; but they know not human nature. They are totally devoid of those finer qualities that enable them to enter fully into the conditions of their patients. There is no rapport between them and those under their care. The want of these nice instincts causes many a learned doctor to fail utterly in practice.

But grant that he passes the ordeal of the examinations, that his health continues good, that his money holds out and he has the needed graces of head and heart to make him a really successful and popular doctor, what prize is there for him to win? No very great one we confess. He can make a living, but he cannot make wealth. His life, too, will be one of many constraints. His journeys from home will be few and far between.

From Germany, France, South Africa, Australia, Britain, the States, comes the news that the medical profession is fearfully overcrowded. Fancy Chicago, with 777 professors or lecturers on medical subjects. Our own knowledge of Canada enables us to state that there is as great a degree of overcrowding here as elsewhere. What the eight

hundred young men now studying medicine in Ontario see in the profession we fail to discover.

To talk of the nobleness of the profession, the great good one can do in it, and the chance of making some great discovery like Harvey, Hunter, Jenner, McDowell, or Simpson, is all nonsense. The prospects of nearly all those who are now studying medicine are nothing more nor less than those of the general practitioner in town or country, making his calls, and collecting his fees as best he can, and putting up with all the mean gossip his neighbors see fit to indulge in at his expense. This is the picture without the imaginary colors. What is the main cause for this terribly overcrowded condition of the medical profession? We think the School men are really at fault. The country is flooded with the announcements of the different colleges. There is a long list of names with a great many letters attached to these names, and all their many official positions. Then comes a long list of subjects to be learned, and pictures of the schools and hospitals, the whole being padded up with reading matter calculated to throw around the study of medicine a certain glamor. There is nothing in human nature more easily appealed to than its vanity. These announcements fall into the hands of young men throughout the country of some education, and forthwith they are seized by a desire to be a doctor. These announcements are capital mediums by which to catch the unwary in the drag-nets of the schools on the one hand, and to advertise the School men on the other without appearing to transgress the code of ethics. . . . . .

One more point of the utmost importance. The School men monopolize nearly all the hospital appointments. This is readily understood. In the larger cities with from one to three or four medical colleges, the medical gentlemen in connection with these combine to keep all the appointments within themselves. This has the affect of cutting off the general practitioner, however good he may be. It is not fair to regard these appointments from the school standpoint too much. The general public pay the taxes and the few reap all the benefit. We predict a change ere long. As far as we can learn the general practitioner is becoming year by year more restless under this state of affairs and eager for needed reforms.

By consulting the label on your paper you will see the date up to which your subscription has been paid.

Antitoxin in Diphtheria.

Reports on the use of antitoxin are still, in most cases, favorable to its use. Where unfavorable results have occurred, they have been traceable to the serum. The great object in view now is to procure the antitoxin alone, separate from its vehicle, the serum. This is reported to have been done. A good many sorts are now being advertised, and it behooves the profession to procure none except that produced by reliable firms. It seems to be generally conceded that this line of treatment has come to stay. The drug has proved itself not only curative, but also most valuable as an immunizing agent. Those who have used it say that large doses should be given, the earlier in the disease the better. In a recent series of cases reported in this city, where a bacteriological examination had confirmed the diagnoses in some twenty cases, marked signs of recovery showed themselves inside twenty-four hours, the membrane rapidly disappeared, the temperature and pulse markedly lessened, and improvement generally was noted. An ordinary large hypodermic syringe may be used, strict asepsis of hands, instrument and site of injection being observed. B.

A Chair of Massage has been established in the University of Berlin, with Dr. Zabloudovsky as professor.

* * *

Renipuncture for Albuminuria.—Dr. Reginald Harrison, in the *Medical Record* of November 7th, claims good results for puncture of the kidney in some cases of albuminuria. He refers to some cases in his own practice, and quotes from that of others. He contends that the bad effects of inflammatory tension on the kidney is the same as in the case of the eye or testicle, where puncture has been of so much value. In some cases of nephritis, with suppression, there is a very high degree of vascular and tubular infarction. In these very acute cases relief can be afforded by surgical means. Again, if the albumin persists for some time despite treatment, it may be necessary to make an opening and puncture the organ. If the tension continues too long, structural deterioration is bound to ensue with cardiac disturbances. A moderate incision is made in the loin, so as to feel the organ both before and behind. Pressure on front by an assistant facilitates the operation on the kidney. Three or four punctures may be made in the capsule, and even an incision of the cortex. Pack the wound with gauze or use a drainage tube.

Immorality in Canada.—The *Canadian Practitioner*, in referring to the editorial which we reproduced in our last issue from the *New York Record*, expresses itself thus: "The filthy rubbish to which the *Record* refers is in itself essentially nasty, while the direct charges against the women and girls of Toronto are simply infamous. To the *Record* we desire to say that its conclusion that our women are 'victims of a contemptible slander' is correct. The impure and immoral women of Toronto do not, as a rule, indulge in cycling. They might misuse the wheel in gratifying their baser passions, but other methods suit them better. The great majority of the profession in Toronto believe that cycling, under ordinary judicious limitations, is in all respects a healthful exercise for women, and quite as free from evil as any form of recreation can possibly be. In many instances our physicians have reached this conclusion after careful study of the subject, and after overcoming rather strong prejudices they had against the wheel in former years. We are surprised and ashamed to find that Toronto contains a physician who is capable of writing such an article as that which appeared in the *Dominion Medical Monthly*."

* * *

Intestinal Autotoxis and Insanity.—Dr. Allan McLane Hamilton, of New York, in *New York Medical Journal* November 14, claims that many of the common forms of insanity are due to intestinal disorder. Fleeting illusions and hallucinations develop after insomnia, loss of appetite and constipation. These intestinal disorders are generally the cause of these attacks. The insanity in these cases is usually active and the delusions unsystematized. In some of these cases there is much excitement, or pronounced neurasthenia without special delusion. To this excited psychoses belong the short-lived varieties attributed to shock. A case is mentioned where a woman the day after an operation became restless, sleepless, and troubled with flatulence. She became very bad. The temperature went up, the urine rose in specific gravity and contained abundance of urates. The bowels were well cleared with calomel and soda. This was followed by naphthalin, four grains every two hours. Her condition rapidly improved. The thorough attention to the digestive organs was equally satisfactory in some other cases.

* * *

Now is the time to send in your subscription.

Book Notices.

Essentials of Physical Diagnosis of the Thorax. By ARTHUR M. CORWIN, A.M., M.D., Demonstrator of Physical Diagnosis in Rush Medical College, etc. Philadelphia : W. B. Saunders. Price, $1.25 net.

This is a very neat little book. The matter is arranged in a convenient tabular form. To the young practitioner who wishes to possess a thorough knowledge of the physical diagnosis of the thorax this would be a good book to buy and carry in the pocket. For such a purpose we strongly recommend the work.

* * *

A Vest Pocket Medical Dictionary. Embracing those terms and abbreviations which are commonly found in the medical literature of the day, but excluding the names of drugs and of many special anatomical terms. By ALBERT H. BUCK, M.D., New York city. New York : Wm. Wood & Co. 1896.

The large number of new words which have been introduced into medical terminology during the past few years, and the changes in signification which have taken place in a few of the older terms, have rendered it desirable that a new dictionary, and one of compact form, should be published. This little book meets this want. It is largely a compilation from the newer works, and it is a good one.

* * *

Anatomical Atlas of Obstetric Diagnosis and Treatment. With 145 illustrations. New York : Wm. Wood & Co. 1896.

Another of those handy, well-printed and bound atlases, the fourth in a series of five, by Dr. O. Schäffer, has reached us. The illustrations are simply beautiful, presenting pictorially all the various anatomical obstetric phenomena. The author points out how and why the processes of pregnancy, of the mechanism of labor, etc., are to be explained by the morphological conditions ; he deals with anatomical conditions, formation of the diagnosis, and the indication for treatment. The books of this series are 5 x 7½ inches in size, and the descriptive matter is opposite the plates, a large portion of which are full page. We commend this volume to those who are interested in the scientific study of the obstetric art.

The Medical Record Visiting List, or Physician's Diary for 1897. New revised edition. New York: Wm. Wood & Co., Medical publishers.

This edition of the visiting list has been revised, to increase the amount of matter calculated to be useful in emergencies and eliminate such as might better be referred to in the physician's library. The most important change is in the list of remedies and their maximum doses in both apothecaries' and decimal systems, and the indication of such as are officinal in the United States of America. There is no better, more compact or handsome visiting list to be procured anywhere. A.

* * *

The Physician's Visiting List (Lindsay & Blakiston's) for 1897. Forty-sixth year of its publication. Philadelphia: P. Blakiston, Son & Co. (successors to Lindsay & Blakiston) 1012 Walnut St. Sold by all booksellers and druggists.

This ever-welcome production is before us, and as we have often said before, "one who makes use of this list wants no other." Its convenient size and arrangement commend it to every visiting physician, and its contents in the way of adjuncts on doses, tables, etc., are a veritable *multum in parvo.* After sixteen years' use of this book we can confidently recommend it to our readers. B.

* * *

A Text-book of Materia Medica, Therapeutics and Pharmacology. By George Frank Butler, Ph.G., M.D., Professor Materia Medica and Clinical Medicine in the College of Physicians and Surgeons, Chicago, etc., etc. Philadelphia: W. B. Saunders, 92 Walnut St. 1896. Price in cloth, $4.00.

The book before us consists of 858 octavo pages. It is put up in the usual excellent form of this well-known house, the paper, type and binding being all that could be desired.

The general arrangement of the work is good, and well calculated to aid the student who for the first time begins the study of this important but difficult subject.

The work is comprehensive in its scope, as every possible drug is touched upon that has any bearing upon the physician's care of his patients. The physiological action and therapeutics of the drugs are well stated, and many useful remarks made on their toxic actions and contraindications.

Correspondence.

The Editors are not responsible for any views expressed by correspondents.

Ontario Medical Council.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—The editor of the *Canadian Practitioner* insinuates that, in these latter days, the Medical Council chamber has become a bear-garden, and assigns to me the honor of being chief performer therein. The insinuation is somewhat malicious, and the assignment is merely a very puny attempt to give me a "Roland for my Oliver." The Council debates are conducted with quite as much dignity and decency as are those of the University Senate to which the genial editor of the *Practitioner* belongs, and it is a matter of regret that he can thus permit himself to risk wounding the whole Council with the pitiful object of scratching the face of a single member. That there is indeed more warmth and life in Council debates than formerly obtained, goes without saying. The acts and contentions of the "Solid Phalanx" are now sharply criticised and reforms in the interests of the profession are, at least, attempted. There is, consequently, at times, a more or less marked conflict of opinion, and, occasionally, as in all other deliberative assemblies, there may be pointed attack and vigorous defence. But no one of our members, and no one who has attended our discussions will agree with the editor in question that these ever so transcend the limits of decorum as to justify even a spiteful person in levelling at the Council the insult thus deliberately and gratuitously offered to it. How unfortunate it is that any grown man, even though togated with the professorial gown and wielding the editorial "we," can still condescend, when his knuckles have been sharply rapped, to seek relief for his surcharged feelings by falling back upon the schoolboy trick of making faces and calling names!

The only semblance of an excuse for so vile and slanderous a charge, that can be found in the last two years' proceedings of the Council, is, perhaps, a short lecture on "The Proper Way to be a Reformer" which was delivered by my esteemed friend Dr. Williams for my especial benefit, and which may be found reported on page 35 of this year's Announcement. It was of course well understood in the Council that Dr. Williams' little effort was prompted not so much by

a desire that my efforts to reform the crooked ways of the Council should be successful, as by anxiety that those territorial representatives who, like himself, always vote with the "Solid Phalanx" should have, when brought to book by their constituents, what he would properly enough call a "plausible" excuse for so voting. The "Inner Circle" had evidently recognized the fact that the systematic blocking, by the aid of a few territorial votes, of every reform projected in the interests of the profession, is too phenomenal to pass unchallenged by the electorate. By charging that these reforms were urged in terms so offensive that no man with Anglo-Saxon blood in his veins could condescend to vote for them, howsoever right and proper, in themselves, they might be, Dr. Williams was thought to have supplied the *plausible* excuse required. I cannot, however, believe that the profession is to be thus taken in. The terms in which these reforms were urged in the Council by myself and others are set forth in the Announcement, and I earnestly invite my fellow practitioners to take nothing at second hand, but to closely and critically read the proceedings so as to see for themselves the hollow sham and silly childishness of the excuse thus suggested.

Not the least comical aspect of Dr. Williams' lecture is his artless recommendation that I should take a leaf out of his own book and be "plausible" if I "want my views to prevail in the Council." I am quite willing to accept without question his insinuation that with the "Solid Phalanx" to be "plausible" is to be convincing, but I cannot believe that the newer members are to be reached thus cheaply. In fact I can quite understand that plausibility has, heretofore, been, if not the whole stock in trade, at least the right bower in Council discussions. Dr. Williams is undoubtedly a man of much general ability, and both old associations and a strong sense of his personal influence and worth lead me to esteem him very highly. I deeply regret that, in Council debates touching the interests and welfare of the profession, he is uniformily against us instead of with us, but there are not wanting some indications that he may in time view matters from our standpoint. Meanwhile, much as I admire the eminent skill and success with which he uses plausibilities, which from the lips of a less astute man would appear childish, I must decline his invitation to seek success through the same or similar avenues. If Dr. Williams stops to reflect, he must surely know that the word "plausible" is almost invariably used in a bad sense as the synonym of "specious," while among average people it is looked upon as the equivalent of "humbug." Thus, Campbell says: "Fiction may be as *plausible* as truth." Whateley says: "All popular errors are *plausible*."

Locke says: "Liars may sometimes be successful in inventing a *plausible* tale, but they must not scruple to support one lie by a hundred more as occasion requires," etc. Thanks! Dr. Williams, but if, in the Council chamber, I can only achieve success as a reformer by being *plausible*, I must be content to remain unsuccessful. The cost would be too great. The old adage has it that in the end—not plausibility, but "*truth* is mighty and will prevail." Till then I propose to fight on and wait.

The cry for taffy instead of strychnine is the old cry of might against right. "Boys! Do not throw stones at us, they hurt when they hit. We would greatly prefer that, if you must pelt us, you would use as your missiles either thistle-down or feathers." When the Head Centre of either wing of the Inner Circle rises in the Council to make a motion which, in all probability, has already been adopted in arcanum, he does it perfunctorily—he does it with a smugness, with a flippancy that is always noticeable and often offensive, and which is due to the comforting persuasion that, despite the arguments and resistance of the Outer Circle, he is certain of being sustained by a majority of the Council. The support then being assured and amply sufficient—vigor of sentiment and warmth of utterance would, in his case, be quite out of place, and accordingly, except when trying to rebut a charge of subserviency, or inconsistency, or want of good taste, or right feeling, or inventing a *plausible* excuse for recreancy, his remarks are ordinarily not merely specious or inane, but as flat as dish-water, and as flavorless as tripe without onions. Members of the Outer Circle, on the other hand, are apt, when addressing the Council in support of any projected reform, to be stung into some piquancy of speech by the painful consciousness that they are beating themselves against a stone wall—that verities and suavities, logic and rhetoric are alike thrown away in the bootless effort to change votes already pledged to the Inner Circle. It is not at all surprising that this raciness of expression is at a discount with the "Solid Phalanx." Its fine sense of the "proprieties" is hurt whenever any of the outer barbarians venture to call a spade, *a spade*, or to speak of a section of representatives as being "ductile." Words or expressions of this kind sting, I suppose, only in proportion to their applicability—only in proportion to the amount of truth they incase. I am quite sure, for instance, that not a single feather of my plumage would be ruffled were the entire Council to charge me with being "ductile" or disloyal to my constituents or subservient to interests in the Council which are hostile to the electorate I profess to serve, simply because I know that I am *not* "ductile," or "recreant," or "subservient." Were I, however,

conscious of being either one or the other, I am satisfied that, whenever these terms were applied to the section or party with which I am identified, I should be quite as sensitive and as ready to fire up as my friend Dr. Williams has shown himself to be.

The inextinguishably funny feature of this episode in Council debates lies, however, in the fact that of all the members of the "Solid Phalanx" Dr. Williams should have been selected as the exponent of the views therein set forth. That he should so warmly recommend the use of plausibility in Council discussion is, as I have said, no more than one would expect from so consummate an artist in that peculiar and sadly unappreciated branch of dialectics—an art in which he is unapproached, and, probably, unapproachable by any member of the "Solid Phalanx," save, perhaps, one other. But Dr. Williams is recognized in the Council as the special advocate of coercion, the man who stigmatizes as dishonest some twelve or thirteen hundred of his fellow-practitioners who, on principle, refuse to pay an unjust impost, and who has not hesitated to draw parallels between them and such malefactors as thieves and murderers, and who, one occasion but a short year ago, was so moved apparently by a lively apprehension that an attempt was about to be made to establish a Chinese laundry in the basement of Micawber Castle for the purification of Council linen, that he was then in favor of having, in lieu thereof, a prize-ring formed in the back yard, wherein members of Council who were unconvincible by "plausible" means might be subjected to the *argumentum ad fisticufficum* at the hands of the muscular representative of No. 17, and thus have conviction pounded into them. And in point of fact, at Dr. Williams' suggestion, his accommodating Ottawa friend with the thews and sinews and inexhaustible wind did then and there challenge one of his opponents to "come outside for a few minutes." Again, if I remember aright, Dr. Williams' plausible mildness on another occasion took the form of describing more than half of the practitioners in this Province as being so pachydermatous that they could not be reached except through the courts of law. He it was also ———. But it might seem ungenerous to proceed, and I desist. I sat down, I confess, with the intention of having, for myself and readers, a little quiet fun at Dr. Williams' expense out of that lecture; but I have refrained. My pen is, perhaps, too prone to run into mild satire, and to a satirist this and some other episodes in the Council proceedings offer unlimited possibilities. Let my forbearance in this instance be taken as an evidence of my honest regard for the man. Had a less worthy opponent given me the same opening, I would probably have said something

severe, but, notwithstanding what, from the standpoint of loyalty to the profession, I conceive to be Dr. Williams' aberrance, I see much to admire in him. I would like to find him at one with us, and, in the short lecture reported on page 35 of the Announcement, there are several indications that we may ere long see things eye to eye. Notwithstanding his former averments to the contrary, he therein owns that we ought to believe our opponents "honest in their motives"—that "we can secure by mild methods what we cannot drive out of the Anglo-Saxon" (the annual tax?)—that "coercion finds but little favor with men constituted after the ordinary type of human nature," etc. These are just some of the truths the Defence Association have been insisting on for years past. If Dr. Williams now really believes what he says, and will act up to his belief, another short step or two will make our *rapprochement* complete, and thenceforth the territorial representatives in the Council will present as unbroken a front as the School men or the homœopaths. Meanwhile it is a far cry from advocating the use of the *argumentum baculinum*, to singing pæans of praise to the marvellous potency of plausibility. Yet Dr. Williams may not intend to thus run to such extremes. If not, were some of his friends—some whom he believes to be his friends—to call his attention to these inconsistencies, he might not be so prone to blow hot and blow cold, and we should better know just where to find him.

Yours, etc., JOHN H. SANGSTER.

Port Perry, November 9, 1896.

Loyalty to Alma Mater.

To the Editor of the CANADIAN MEDICAL REVIEW.

SIR,—We hear a great deal from certain School men that we should all be loyal to our Alma Mater. This is very fine from their standpoint, as they are on the hunt for students, and wish to use the graduates as so many propagandi. But just look. A short time ago when an appointment had to be made to the subject of anatomy the authorities had to go outside of the alumni and secure talent from the University of Edinburgh. This gentleman may be a friend of another Edinburgh man who has some pull. Will the Council of the Medical Faculty of Toronto University explain, and oblige

ALUMNUS.

Hamilton, Ont., Nov. 17th.

Medical Prodigies and the Status of Medicine.

To the Editor of the CANADIAN MEDICAL REVIEW :

SIR,—There is one peculiarity of genius : it may be born anywhere. Small places—very small, indeed—have seen the birth of great men and been the centres of wonderful conceptions. John McCully, the Kootenay Cure, the Viavi treatment, Perry Davis' Pain-Killer, and Munyon's Cures, all had their homes in places far removed from the maddening crowd. So in a small Ontario town is to be found a medical prodigy whose professional card reads : "Licentiate of the Royal College of Physicians and Surgeons, Edinburgh ; Licentiate of Midwifery, Edinburgh. Special attention to midwifery and diseases of women." Born in an unpretentious village, as a man working in a carriage shop elbow to elbow with other men, like them earning his day's wage, he developed ideas. A college course, a trip to Edinburgh, a few years of country practice, and presto ! he is a specialist, a wonder worker. He claims to turn at the seventh month and secures comfort to the mother and a safe delivery at full term ; diagnoses dropsy of the womb and discovers in young girls uterine complaints. Is not the man a *rara avis ?* Yet to the medical mind there is in all this something very like empiricism, something supremely absurd. Do your Toronto physicians manipulate at the seventh month thus with like effect ? Do you Toronto men meet with many cases of hydrops uteri ? It appears curious that although this man can explain concisely, clearly, convincingly symptoms and disease without his patient wasting words, yet finds it necessary to examine very carefully applicants for life insurance. Does not this seem peculiar ? At a particular time our students found it very convenient to go to the Old Country for examination, and many of them went to Edinburgh. Why do not they go there now ? Perhaps some of these graduates will answer. They advertise the fact. It must indeed be a great honor. The credulous public gape in wonder, and rate the Edinburgh degree equal with that of the Royal College of Surgeons of London. Are they in any sense equal ? Was there not a trouble in matriculation or in passing the Ontario Council that in some way explains ? Was the Edinburgh degree at the time of the exodus equal even to our own ?

Marvel and all as this graduate is, he does not equal a rougher and coarser specimen, a doctor, too—not by examination, but

by courtesy—who claims to have discovered "the herb from which mercury is made," "opened a closed woman and made her a happy mother," and "relieved by internal medicaments where the liver was covered by a growth an inch thick." Is not this equal to diagnosing hydrops uteri and turning a seventh month child by internal means? The learned blacksmith, "the whistler at the plough," "once a cobbler now a celebrated doctor," are simply not in it with these wonder workers.

If our Ontario system of free education has done nothing else, it has made it easy for plough-boys, laborers and such ilk to get into the profession, has elevated the individual to lower the profession and has flooded the country with cheap-Jack doctors.

I am one of those who think that if free education makes the gentleman; if taking from the carpenter bench and plough and giving free education in the higher branches is right and proper, it should go farther. It should reach our universities; it should not only lead up to, but it should give degrees; it has already made it so easy that every man can be his own or anybody else's doctor. Every village, town, city, is filled to overflowing, and the Detroit Medical College is an example of overflow. To-day it numbers amongst its class as many Ontario students as it gathers from the whole United States. Educated by our vaunted free school system of education, yet too mean to continue their studies in Ontario; perhaps unable to graduate for want of means or ability; unable, if they did, to practice, where every place is oversupplied and lost to us now and forever. Is it not supremely ridiculous the number our colleges are turning out annually, and they must herd here, or, if they go to Quebec, Nova Scotia, New Brunswick, Manitoba, British Columbia, pass another examination. We cannot go elsewhere. The mills are still turning out medical grist. Open the doors wide for inter-provincial registration. Let the British graduate practice wherever his flag floats, or give free, unrestricted registration, and let the public who favor charlatanism have the full benefit. Do away with the absurdity of a Medical Council that costs the profession a large sum annually, and really gives nothing in return. The honorable, well educated physician is a thing of the past, and the card I have copied shows that the profession is reduced to a mere traffic. Let us have a free hand, a fair fight, if we cannot enlarge our field of labors. Advertise as a merchant does: "Special attention given to Midwifery and Diseases of Women," "Eye, Ear, Throat, Nose, Skin," "Secret Diseases," and have signs on top of our building twenty feet long like a livery barn. We had one like this here for years, and if one can do such things, why

not all? Do the public discriminate anyway? Mutual benefit, secret societies and life insurance companies, whom do they choose as medical advisers? Opportunities of study, college degrees, are all the same to them. A doctor settles in a new place. What does he do? Becomes prominent in one or more societies, joins a church, is a prominent member, prays or sings, and thus gets the pull with these bodies. He industriously hangs around itinerant insurance agents, and advertises just as much as he dare without offending too grossly the profession. As a result of this unseemly struggle, the personnel and character of the profession is lowered. Medical men some of these characters may think themselves by virue of examination. They are not gentlemen. They may enter society, but they do not ennoble it, and as a result the profession has suffered. The Grand Trunk Railway furnishes a fair example. Its decadence is but a type of the profession in general. Professor Scott, Rodgers, Hutchinson, with reward and emoluments in inverse ratio to merit, a mutual benefit association to which the members pay more annually for inferior services than do the same class of employe who is not connected with this cunningly manipulated machine. I do not know, Mr. Editor, in all these matters what means of correction you would suggest, but if you see the situation as I do, I think your feeling, like my own, would be one of disgust; disgust at the ease in which a credulous public are deceived by low charlatans, whose capital is wind, and plenty of it; disgust that our profession has become a thing to be bought and sold in open market; disgust at college rivalry which floods the market with inferior stuff. A free education that makes Tom, Dick, Harry equal at somebody else's expense; lifts into a position that nature and companionship does not fit them for, and worse than all, increases the number of non-producers in a country having fields, woods, mines, workshops and factories; fills the country with a class of men whose knowledge of medicine is of low grade, and who perforce must condescend to low and questionable expedients to procure practice.

I am, sir, yours truly,

July 16, 1896. P. Palmer Burrows.

An English paper reports the discovery of a real Mrs. Malaprop. She walked into the office of the Judge of Probate and inquired: "Are you the judge of reprobates?" "I am the Judge of Probate," was the reply. "Well, that's it, I expect," quoth the lady. "You see, my husband died detested and left me several little infidels, and I want to be appointed their executioner."—*Boston Budget.*

Miscellaneous.

Doctors' Experiences in the Gold Fields.

THE following is from a letter written by a physician located at one of the leading mining camps in the Selkirks, under date November 13th: "Everything here is snowed under. Yesterday thirteen of us went up to a mine where we had heard there had been an explosion and that it was feared a couple of men had been killed. After tramping and working our way up to the mine, where we had about six feet of snow, we found things all blown endways. Nothing except a few logs remained of the cabin. There were 150 pounds of dynamite in the place which had exploded. After a short hunt we found the body of one man minus his lower extremities; they had been torn off at the hip-joint. We also found pieces of flesh which I think belong to the second man, and two ten dollar bills. Then we returned home, having an eight-mile walk through three feet of snow on the level, reaching home about seven p.m. I was soaked through and dead tired. An hour later I saw that the Coroner had been notified. An inquest is to be held to-day. At present I am in the 'room with the stove in it' at the hotel. Besides me are, first, Dr. —— (coroner), dozing over 'Vendetta,' by Marie Corelli, and holding an extinguished cigar in his mouth; second, Mr. ——, mine owner of exploded property, reading a paper; third, a constable deeply engrossed in 'Boys on Coroners.' This delay is owing to the remains not having yet arrived, the pack horse and man having been seven hours away now and may be buried in a snow slide for all we know. I expect a search party will go and look for him if he does not arrive within an hour."

THAT BLOODY DUEL.

DR. DUNCAN'S CHALLENGE, AND THE REPLY OF DR. MILNE, WHO SUGGESTS SOME NOVEL WEAPONS.

From *Daily Columbian*, October 28.

Following are copies of the challenge, as published in yesterday's *Times*, sent by Dr. John Duncan, of Victoria, to Dr. Milne, of the same place, as noticed in these columns a few days ago, and the somewhat lengthy and interesting reply of the challengee:

THE CHALLENGE.

79 Fort Street, Victoria, B.C.,
1 p.m., 24-10-'96.

To G. L. Milne, M.D.:

Sir,—My reply to the remarks made by you, during the attack of "temporary insanity" from which you suffered, in your office, a few minutes ago, is made in a very few words, and is that, if in your sane moments, and upon reflection, you stick to your before-mentioned remarks, you are a d——d liar.

Now this means pistols at twelve paces. There remains nothing for you to do but to apologize or name your second.

I will await your reply "forty-eight hours." Sincerely yours,

John A. Duncan.

This challenge was sent by a district messenger boy, c.o.d.

THE REPLY.

Victoria, B.C., October 26, 1896.

John A. Duncan, M.D., C.M., V.S., Victoria:

Sir,—I have the honor to acknowledge receipt of your letter of Saturday's date (as per messenger, c.o.d.), conveying the sad intelligence that I have but forty-eight hours to live unless I apologize for having remarked in your presence that you were not a gentleman.

In reply, I beg to say that the gracious charity which permits you to ascribe "temporary insanity" as the producing cause speaks volumes for your keenness of perception in diagnosing your own character. May I ask you to further enlighten me as to all the general characteristics of a "gentleman?"

One I observe in your letter, and it certainly gives me new light upon the subject: Whenever differences of opinion exist, write and say to your opponent, "You are a D—— liar!" The big D followed by a —— indicates, I am fain to confess, such a boldness of conception and expression as satisfies me, "upon reflection and in my sane moments," that no ordinary man can carry all the qualities of a gentleman daily and pay rent and taxes.

A second I also note, and it is that in sending challenges a gentleman always forwards them by a district messenger boy, c.o.d.

This evinces superior nerve and a determination not to be baffled by small obstacles, besides allowing one's opponent to "settle a little" if he receives it. If he does not it presents elements of safety not be lightly overlooked.

I sincerely trust you will not neglect ordinary creature comforts during this agonizing period of forty-eight hours, the termination of which you are so patiently awaiting before perforating my diaphragm with bullets.

At best I am but a poor hand at duels, not having had the advantage of the early training or the many years of experience gained by yourself while an officer in Her Majesty's service, and engaged in active warfare on the gory heights of Beacon Hill or the blood-stained levels of Macaulay Plains, and your mnny "moving adventures by flood and field" with dog and rowboat—not to speak of the calm courage engendered by daily contact with the perils incident to travelling to and fro between "C" Battery barracks and your office on Fort Street—yet I feel I must steel myself for this fray and adhere to the code, notwithstanding that your very surroundings breathe a military fire that, I confess, appals me. My recollection of the ancient history teaches me that it has always been the privilege of the person challenged to select the weapons of combat. As the challengee I claim this privilege, and must positively decline to assent to your assumption of a right to challenge and name weapons at one and the same time. Such a proceeding would be contrary to all the ethics of the code. Lest, however, you should deem it a too rigid adherence to the code incompatible with your "bodily comfort and peace of mind," I am willing without prejudice, to name several sorts, in order that you in turn may take choice from a limited number. I beg, therefore, to submit to you my election and the weapons of my choice:

First—Short range pea-shooters at nineteen thousand yards (Marquis of Queensberry rules).

Second—Syringes, charged with Florida water, at fifty paces. (No smelling salts allowed for faints or funks.)

Third—Toss up, loser to take winner's prescription (patent medicines barred).

I shall expect an answer by ten o'clock this evening.

I have the honor to be, sir,

Your obedient servant,

GEO. L. MILNE.

Although the reply was sent on Monday, up to last evening no answer had been received from Dr. Duncan.

Dr. Milne came over from Victoria yesterday, to Vancouver, and, whether he was fleeing for his life, or searching for a second, or merely sampling some of the Terminal City Florida water, is not known."

GEO. MORE, M.B. Toronto '96, has settled in Hawkesville, Ont.

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